



CONSENT FORM FOR THE RELEASE OF INFORMATION TO THE WAKE COUNTY INTERAGENCY COUNCIL

CLIENT'S NAME: _____

RECORD NUMBER: _____

I, _____, hereby authorize Wake County Human Services to obtain information from the agencies listed below and release this information to agency representatives of the Planning Committee of the Wake County Interagency Council for Developmental Disabilities Services (see bottom of page). This release of information concerning me / my child / my ward is strictly for the purposes of identifying, planning, and providing services to meet my / my child's / my ward's needs.

COPIES OF EVALUATIONS MAY BE REQUESTED FROM THE FOLLOWING:

AGENCY

NAME / ADDRESS

School (current or last attended):

Physician(s):

Psychiatrist/mental health provider:

Other (OT, SLT, Special Programs):

Information to be released from the above agencies/providers shall include: Evaluations by a professional (psychological, medical, educational, vocational, and others as applicable) who has diagnosed my / my child / my ward's developmental disability.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent will automatically expire one year (365 days) from the date on which it is signed.

This authorization and request is fully understood and is made voluntarily on my part.

Signed: _____
 Applicant Parent Guardian

Witness: _____ Date: _____

Members of the Planning Committee of the Wake County Interagency Council

- Community Partnerships, Inc.
- O'Berry Center
- Wake Enterprises Inc.
- Wake County Department of Social Services
- First in Families of Wake Co.
- Wake Co. Public Schools
- Wake County Human Services

- The Arc of Wake Co.
- Vocational Rehabilitation Services
- Division TEACCH
- Consumer/Guardian representative
- Tammy Lynn Center for DD
- Wake Technical Community College