

THE AUTISM CORNER | FAMILY NAVIGATION & HOME SUPPORT PROGRAM

PARENT AUTHORIZATION FOR EDUCATIONAL RECORDS, SCHOOL COMMUNICATION & ADVOCACY REPRESENTATION

For use with The Autism Corner Family Navigation & Home Support Program

Purpose: This form allows a parent/guardian or eligible student to authorize specified educational-record disclosures and limited school communication with The Autism Corner for Family Navigation and educational advocacy support. It does not transfer educational decision-making authority.

1. STUDENT AND FAMILY INFORMATION

Student Full Name	Date of Birth
School / Program	School District / LEA
Grade	Parent / Guardian / Eligible Student
Phone	Email

2. DESIGNATED AUTISM CORNER REPRESENTATIVE

I designate the following representative(s) of The Autism Corner Family Navigation & Home Support Program to assist me with the educational matter covered by this authorization.

Primary Family Navigator / Advocate: _____

Additional Authorized Representative (optional): _____

3. FERPA AUTHORIZATION FOR DISCLOSURE OF EDUCATIONAL RECORDS

I authorize the school, school district, Local Educational Agency (LEA), educational program, and/or other education agency identified above to disclose the educational records selected in Section 4 to The Autism Corner and the designated representative(s) named in Section 2.

The purpose of this disclosure is to support Family Navigation, educational advocacy, record review, meeting preparation, understanding of special education documents and processes, resource coordination, and family support.

4. RECORDS AUTHORIZED FOR DISCLOSURE

Please check all that apply. Only records selected below are authorized unless "Other" is specifically completed.

- | | |
|--|--|
| ☐ Current Individualized Education Program (IEP) | ☐ Previous IEPs |
| ☐ IEP progress reports | ☐ Initial evaluations and reevaluations |
| ☐ Psychological / educational assessments | ☐ Speech-language, occupational therapy, and physical therapy evaluations |
| ☐ Functional Behavioral Assessments (FBA) | ☐ Behavior Intervention Plans (BIP) |
| ☐ Behavior, incident, restraint, or seclusion documentation | ☐ Attendance and discipline records |
| ☐ Report cards and academic progress records | ☐ Special education eligibility documentation |
| ☐ Prior Written Notices and meeting notices | ☐ Placement and out-of-district program documentation |
| ☐ Extended School Year (ESY) documentation | ☐ Related-service records |
| ☐ Transportation-related educational documentation | ☐ School correspondence concerning services, placement, behavior, safety, evaluations, or programming |
| ☐ Other: | |

5. IDEA RECORD REVIEW REPRESENTATIVE DESIGNATION

For a student receiving or being evaluated for special education services, I designate the representative(s) named in Section 2 as my representative for the limited purpose of assisting me with the inspection and review of my child's educational and special education records covered by this authorization. This designation is intended to support my participation as the parent/guardian and does not make The Autism Corner the student's educational decision-maker.

6. AUTHORIZATION FOR SCHOOL COMMUNICATION AND ADVOCACY SUPPORT

I authorize appropriate school personnel to communicate with the representative(s) named in Section 2 regarding the educational matters covered by this authorization, including my child's IEP, evaluations, eligibility, placement, related services, progress, behavior and safety concerns, transportation, meeting preparation, and other selected educational matters.

I understand that this authorization permits limited two-way communication for Family Navigation and advocacy support. It does not authorize The Autism Corner to sign an IEP, consent to or refuse an evaluation, change placement, waive procedural rights, accept or reject school proposals, or make other educational decisions on my behalf.

7. PARTICIPATION IN MEETINGS

When requested by me, I authorize The Autism Corner representative(s) identified in Section 2 to participate with me in school meetings, including IEP, eligibility, reevaluation, placement, and other educational planning meetings, subject to applicable law and meeting procedures. I remain the parent/guardian or eligible student and retain all educational decision-making rights.

8. CONFIDENTIALITY AND LIMITED USE

The Autism Corner will maintain information received under this authorization as confidential Family Navigation information and will use it only for the purposes described in this form and in connection with the family's support request. The Autism Corner will not intentionally redisclose personally identifiable educational information to an unrelated third party without additional authorization unless disclosure is otherwise permitted or required by law.

The Autism Corner is a community-based family navigation and advocacy organization. It is not a law firm, and participation in this program does not create an attorney-client relationship or provide legal representation.

9. DURATION AND REVOCATION

This authorization will remain in effect until the earliest of the following:

- ☐ One year from the date signed.
- ☐ A specific expiration date: _____
- ☐ The conclusion of this Family Navigation / advocacy matter.

I may revoke this authorization in writing at any time. Revocation applies to future disclosures and communications and does not affect information that was already disclosed or actions already taken in reliance on this authorization before revocation was received.

10. VOLUNTARY CONSENT AND PARENT RIGHTS

I understand that signing this authorization is voluntary. I retain all rights available to me as a parent/guardian or eligible student. This authorization does not transfer guardianship, educational decision-making authority, or other legal rights to The Autism Corner.

I understand that FERPA rights generally transfer from the parent to the student when the student turns 18 or attends a postsecondary institution, subject to applicable exceptions. When those rights have transferred, the eligible student should sign this authorization.

11. SIGNATURE AUTHORIZATION

Parent / Guardian / Eligible Student Printed Name	Relationship to Student
Signature	Date
Preferred Method for School Contact	Case / Family Navigation ID (if assigned)
Student Name	School / District

12. SCHOOL / LEA RECEIPT (OPTIONAL DOCUMENTATION)

This section is optional and is provided only to document receipt by the school or LEA. A signature or stamp below confirms receipt of the authorization and does not constitute approval, agreement with The Autism Corner, or transfer of decision-making authority.

Received By	Title / Office	Date Received
Signature / Initials	School / LEA	Method: ☐ Email ☐ In Person ☐ Other

SUBMISSION INSTRUCTIONS

Parent/guardian or eligible student: Keep a copy of the signed form. Submit the completed authorization to the school/district office that handles student records or special education records. You may also provide a copy to your Autism Corner Family Navigator. Ask the school to confirm receipt by email or by completing Section 12 when practical.

School / LEA: Please place this authorization in the student's appropriate record and process disclosures and communications consistent with the scope of the signed authorization and applicable law. Questions about the family's Autism Corner participation may be directed to info@theautismcorner.org or 401-500-1314.

Federal framework referenced in drafting: 34 C.F.R. § 99.30 (FERPA consent requirements) and 34 C.F.R. § 300.613 (IDEA access to records).