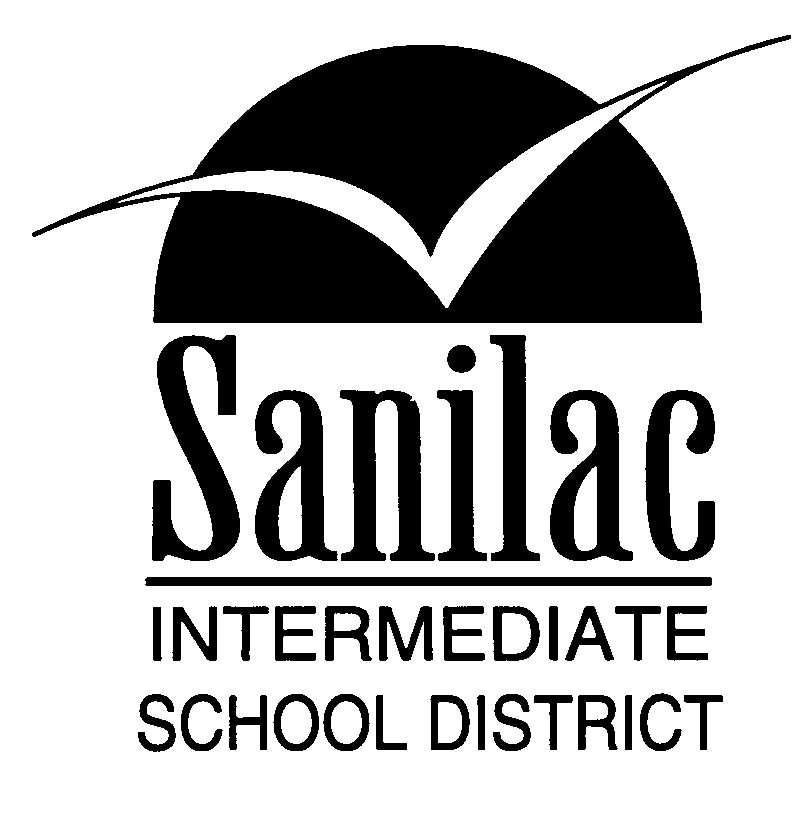
CONSENT TO INVITE



Special Education Services

46 North Jackson Street

Sandusky, Michigan 48471

810-648-2200

AND/OR SHARE INFORMATION

To assure cooperative and uninterrupted coordination of services, I authorize that any and/or all of the following agencies may be invited to attend the **NEXT** Individualized Educational Planning Team (IEPT) meeting to assist in planning and to share educational records for:

STUDENT’S NAME:       BIRTH DATE:

As a part of the planning process, the agencies listed below will be working cooperatively to arrange for services and outcomes that are the most advantageous and desirable for the student and the student’s family and/or primary caregiver. I am aware that this information will be strictly confidential and will be used in the student’s best interest.

***AGENCIES THAT MAY BE INVITED INCLUDE, ANY AND/OR ALL OF THE FOLLOWING:***

**Michigan Rehabilitation Services** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

501 Municipal Office Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

100 McMorran Boulevard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Port Huron, Michigan 48060 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(877) 620-7929

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I understand and consent for the sharing of information in the above named student’s educational record at the time in which a referral is made to any of the above named agencies for the purposes of providing services. I also consent to having the above named agencies invited to the NEXT IEPT meeting for the above named student.

I decline to provide consent for the sharing of information in the above named student’s educational record to the above named agencies for the purposes of providing services and request that the above named agencies do not attend the above named student’s NEXT IEPT meeting.

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Student/Parent/Guardian Signature Date