

<District Name>  
<District Address>  
<District Phone>

**MO STATE SAMPLE**

**Authorization for Release Of Information  
Authorization to Invite Outside Agency to IEP Meeting\***

Today's date \_\_\_\_\_

Student's Name \_\_\_\_\_

Parent's / Adult Student's Name(s) \_\_\_\_\_

I hereby authorize and request \_\_\_\_\_ to invite  
\_\_\_\_\_ School District

\_\_\_\_\_ with \_\_\_\_\_ to attend the IEP meeting\* for me/my  
Name of person, if known Agency

child, \_\_\_\_\_, in order to discuss transition needs and services.

Personally identifiable information from the following documents in the student's record may be disclosed as a result of the invitation to participate in IEP development:

- Evaluation Report
- IEP
- \_\_\_\_\_ (Other)
- \_\_\_\_\_ (Other)

\_\_\_\_\_  
Parent/Guardian Name Signature of Parent/Guardian Date (M/D/Y)

\_\_\_\_\_  
Adult Student Name (if applicable) Signature of Adult Student Date (M/D/Y)

If you have any questions regarding this request, please contact me at the following number \_\_\_\_\_.  
Please return completed and signed form in the provided envelope.

\_\_\_\_\_  
Name Title Date

**\*Note a separate Authorization is REQUIRED for each IEP meeting held.**