

**SAMPLE FORM**  
**Written Notification Regarding Use of**  
**Public Benefits or Insurance to Pay for Certain**  
**Special Education and Related Services**

1. Consent to share records about your child: Your school district is required to obtain your written consent before disclosing (sharing) personally identifiable information DERXW \RXU FKLOG VXFK DV \RXU FKLOG ¶V QDPH DG individualized education program (IEP), and evaluation results) from your FKLOG ¶V education records. In asking for your consent, the school district will (1) identify the records (or information) about your child that will need to be shared (for example, about the services that may be provided to your child); (2) tell you the purpose of sharing the records (for example, billing for special education and related services); and (3) identify the agency tify the Q q 0 0 612 792 re W\* n BT 0 g /TT0 1

- c. increase your premium or lead to the cancellation of your public benefits or insurance; or
- d. FDXVH \RX WR ULVN WKH ORVV RI \RXU FKLOG¶V HOL based waivers that are based on your total health-related expenditures.

We hope this information is helpful to you in making an informed decision regarding whether to allow your school district or county, for the provision of preschool special education,