

General Records Release – Permission to Discuss Form



Jeff Konrade-Helm, MPA  
Disability Advocate

To: Custodian of Records or Other Authorized Agency Personnel

Please accept this letter as permission for the agency or educational institution (listed below), including any of its agents/employees to discuss and/or share records (as denoted below) with Jeff Konrade-Helm, or other designee of the IDEA Services, LLC, information regarding the individual/s described below for whom I am a self-advocate, parent, legal guardian or court-appointed advocate.

*Please copy IDEA Services on written communications with this client.*

**Agency Information:** *(Please print the agency's full name, address, phone and fax numbers.)*

Agency Name: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I grant permission to Discuss the case -  Share records (check both if applicable)

for the following client/s or student/s *(Please print full name, including middle initial and date of birth):*

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

This permission is granted for one year from the signature date unless otherwise specified herein or revoked in writing.

Permission revocation date (optional): \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
*signature*

Name: \_\_\_\_\_  
*please print*

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_