**  
CONSENT TO INVITE REPRESENTATIVE  
OF NONEDUCATIONAL AGENCY TO IEP MEETING**

I,                                                                , the parent/guardian,                                                               , the parent/guardian, have been informed that:

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| (Participating Agency) |
|  |
| May be providing or paying for certain transition services for my child; |
| - OR - |
| May be providing or paying for certain transition services for me, an adult student, and |

I have been further informed that:

It is appropriate for a representative of the above agency to attend an IEP meeting at which transition services will be discussed; and

**Information in my child's (or in my) education records, including the IEP, that is relevant to the development of postsecondary goals, transition assessments and transition services, may need to be disclosed to the representative of the above agency at the IEP meeting; and this disclosure can be made only with my consent, which I understand must be voluntarily given and may be revoked at any time.**

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| **CONSENT** |
| Having been informed as stated above, I give my consent for the school district to; (a) invite a representative of the above agency to attend the IEP meeting scheduled for                                                                                                                          and (b) to disclose at the meeting to the agency representative any information contained in my child's (or my) education records that is relevant to the development of postsecondary goals, transition assessments and/or transition services. |