



**PARENTAL WAIVER: Exchange of Information with Solutions Services Inc.,
Advanced Mentoring Enrichment Network**

I hereby authorize the designated School District, agency, or personnel to exchange information regarding the student below:

Name of Student (PRINT)

Date of Birth of Student

Name of school district, agency or personnel with whom information is to be exchanged:

SOLUTIONS SERVICES INC.

Information to be exchanged, includes the following:

- _____ EDUCATIONAL PROGRESS REPORTS
- _____ INDIVIDUAL EDUCATION PROGRAM
- _____ MULTIDISCIPLINARY TEAM REPORTS
- _____ CASE SUMMARY

Parent/Guardian Signature

Date

A.M.E.N. Staff

Name of Requesting Party