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Records to be shared (e.g. records or information about services your child receives, student demographic information):

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CIN, if known: \_\_\_\_\_

I give my consent voluntarily and understand that I may withdraw my consent at any time.

is in no way dependent on my granting consent and that, regardless of my decision to  
child at no cost to me.

Parent/Guardian Signature: \_\_\_\_\_

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