



Mid-Valley Special Education Cooperative

Dr. Carla Cumblad, Executive Director

1304 Ronzheimer Avenue

St. Charles, IL 60174

Phone: 331-228-4873

Fax: 331-228-4874

Consent to Disclose Information

Name of Student: _____ Birth Date: _____

I give permission to Mid-Valley Special Education Cooperative staff to give any current or future employer or employment training site necessary information concerning the student listed above, which may include information related to a disability. This information would be used to make modifications and/or adaptations at vocational training sites, (non-paid or paid) as needed for the student.

Parent/Guardian Signature

Date

Student Signature

Date