SESA
SPECIAL EDUCATION SERVICE AGENCY

3501 Denali Street, Suite 101
Anchorage, AK 99503

907.334.1300 PH
907.562.0545 FAX
907.563.8284 TTY

Mutual Exchange of Information

Amendment Form

_____ _____
Name of Student/Child Student's/Child's Date of Birth

I grant permission to amend the Mutual Exchange of Information (MEI) to include the following organizations/individual *(list and initial the name, address, and phone number for each organization/individual and cross off sections left blank).*

I fully recognize this amendment is valid only for the term of the original MEI dated _____ and expires on _____, and that all practices of confidentiality will be followed in the use of information gathered.

The following is to be initialed by PARENT or legal guardian, and then signed below.

_____ 1._____ *(Parent Initial)*	_____ 4._____ *(Parent Initial)*
_____ 2. _____ *(Parent Initial)*	_____ 5. _____ *(Parent Initial)*
_____ 3. _____ *(Parent Initial)*	_____6. _____ *(Parent Initial)*

_____ _____
PRINTED Name of Parent / Guardian Relationship To Student / Child

_____ _____
SIGNATURE of Parent / Guardian Date

Address: _____
Street City Zip

Home Phone: _____ Business Phone: _____

e-mail: _____

A copy of this form may be sent to each agency/person listed. If you do NOT wish all agencies listed to receive a copy, please advise.

_____

_____