

Sample

To Department of Education Employee: _____

Child's Name: _____ DOB: _____

I understand that Department of Education employee's name _____)
will be providing service to (child's name _____) in a
private capacity for compensation. I also understand that (Department of Education employee's name
_____) is prohibited from providing any information such as
written evaluations, progress reports, oral reports, testing results, clinical findings, etc. as part of any
Department of Education meeting regarding my child including IEP meetings, Annual Reviews, CSE
Reviews or Impartial Hearings. The Department of Education employee is not permitted to provide
services to (child's name _____) under an RSA and IEP. By signing this release I
have been made aware of and agree to the prohibition of any Department of Education employee working
in a private capacity to appear either directly or indirectly, before the Department of Education.

Signature of Parent/Guardian: _____ Date: _____

- This release shall be maintained in the possession of the Department employee working in a private capacity.