

**SFUSD ExCEL AFTER SCHOOL PROGRAM
ENROLLMENT FORM 2020-2021**

If Applicable:

PERMISSION TO ACCESS 504 PLAN OR INDIVIDUALIZED EDUCATION PLAN (IEP)

I authorize the exchange of information for _____ (student name) described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

Agency: SFArtsED.

This authorization applies to the following information: (Check each line that applies)

504 Plan

Individualized Education Plan (IEP)

Expiration: This authorization expires (date or event): _____

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/ your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Parent/Guardian Signature _____ Date _____

Indicate relationship to student: _____