

**Authorization to Communicate with School Personnel**  
**Bright Path Special Education Advocacy and IEP Support Services, LLC**

**Student Information**

Student Name:

Date of Birth:

School Name:

School District:

**Parent/Guardian Information**

Name:

Email:

Phone:

**Authorized Provider**

I authorize Lyndon Parker of Bright Path Special Education Advocacy and IEP Support Services, LLC to communicate with school personnel regarding the student listed above.

**Scope of Authorization**

- Email communication
- Direct communication with staff
- Phone/virtual participation
- Meeting attendance
- Record discussion
- Other:

**Acknowledgments**

- Provider is not an attorney
  - Services are consultative and advocacy-based only
  - Parent/guardian remains the educational decision-maker
  - No transfer of rights under FERPA or IDEA
- Confidentiality**

All records, communications, and information shared with Provider will remain confidential and used solely for advocacy and educational support purposes.

**Information Sharing**

I authorize the school and district to share educational records and related information with Provider concerning the student listed above.

**Duration**

- One school year
- Until revoked in writing

Effective Date:       Until:

**Signature**

Parent Name:

Signature:

Date: