

# Northeast Education Advocacy, LLC

## Consent for Communication

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Home Address

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By my signature below, I grant permission for **Northeast Education Advocacy LLC** and its representative, Joanne Prague Doyle, to communicate by phone, in person or email with the individuals listed below for the sole purpose of obtaining information and establishing ongoing communication regarding the above named student.

School/District: \_\_\_\_\_

***Please list below the names of the Special Education Services Director, School Principal, Teachers and any Related Services Providers involved in your child's education. If you are unsure of contact information, please simply list names or let me know.***

Name

Position

Email Address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_