



FAST Authorization for Representation

I, _____, hereby authorize **Legal Aid of West Virginia's Family Advocacy Support and Training Program (FAST)** and its representatives and advocates to represent me regarding my child, _____; DOB: _____, as it relates to the provision of educational services.

This authorization to represent includes the following: (Please initial)

- _____ Permission to obtain all medical, psychological, educational records, and correspondence pertaining to my child.
- _____ Permission to communicate with the school, county Board of Education, personnel and agents on behalf myself and my child.
- _____ Permission for my Legal Aid FAST representative and the school to freely and independently discuss issues, concerns, etc. pertaining to my child.
- _____ Authorization for my representative to request, schedule, and meaningfully participate in formal and informal meetings, conferences, and discussions relating to my child's education and educational records, including my child's behavioral needs and records.

Representation by Legal Aid of West Virginia's FAST Program does not limit or preclude me, and/or any other legal guardian of the child listed above, from exercising my rights to communicate with the school, schedule meetings, request records, or from exercising *any other legal rights* regarding my child's education.

I may revoke this authorization at any time, except with respect to actions already taken in reliance on this release. My revocation should be in writing and sent to Legal Aid of West Virginia. Legal Aid of West Virginia will give me a copy of this form, and I may ask Legal Aid to allow me to inspect or get a copy of material disclosed to Legal Aid, or to be disclosed to Legal Aid.

Signature of Parent or Guardian

Date