

Parent Consultant Directory Consent Form

We are interested in adding names of parents/families to the Parent Consultant Directory database. If you are interested, please complete this form and submit to the address noted below.

Parent Name(s): _____

Home Address: _____

City: _____ County: _____

Zip Code: _____

Phone Numbers: Home: _____ Work: _____
Cell: _____

E-Mail Address(es): _____

Fax (if available): _____

Please indicate your consent for the following:

_____ I give my permission to include the information provided on the Biographical Form in the Parent Consultant Directory, a project funded by the Wisconsin Department of Public Instruction's State Improvement Grant and the Waisman Center University Center for Excellence in Developmental Disabilities for the years 2004-2007.

_____ I would like to be included in the Waisman Center's Family Action Network mailing list to receive valuable information for families with children with special needs.

Name: _____ Date: _____

Please return to:

Waisman Center
c/o Mary Shaw
Room S101
1500 Highland Avenue
Madison, WI 53705-2280

If you have questions, contact Lynn Havemann at 263-5947 or e-mail havemann@waisman.wisc.edu

