

**CDS State IEU**

146 State House Station  
Augusta, Maine 04333  
Phone: (207) 624-6660  
Fax: (207) 624-6784

**CDS Aroostook**

985 Skyway Street  
Presque Isle, Maine 04769  
Phone: (207) 764-4490  
Fax: (207) 769-2275

**CDS Downeast**

247 Main Street  
Machias, Maine 04654  
Phone: (207) 255-4892  
Fax: (207) 255-6457  
Ellsworth Location:  
Phone: 667-7108  
Fax: 664-0461

**CDS First Step**

5 Gendron Drive, Suite 1  
Lewiston, Maine 04240  
Phone: (207) 795-4022  
Fax: (207) 795-4082

**CDS Midcoast**

91 Camden Street, Suite 108  
Rockland, Maine 04841  
Phone: (207) 594-5933  
Fax: (207) 594-1925  
Damariscotta Location:  
Phone: 563-1411  
Fax: 563-6312

**CDS Opportunities**

16 Madison Avenue  
Oxford, Maine 04270  
Phone: (207) 743-9701  
Fax: (207) 743-7063  
Rumford Location:  
Phone: 369-9373  
Fax: 369-0873

**CDS PEDS**

325E Kennedy Memorial Drive  
Waterville, Maine 04901  
Phone: (207) 877-2498  
Fax: (207) 877-7459  
Farmington Location:  
Phone: 778-6262  
Fax: 778-5548

**CDS Reach**

1011 Forest Avenue  
Portland, Maine 04103  
Phone: (207) 781-8881  
Fax: (207) 781-8855  
Topsham Location:  
Phone: 729-8030  
Fax: 729-8022

**CDS Two Rivers**

250 State Street  
Brewer, Maine 04412  
Phone: (207) 947-8493  
Fax: (207) 990-4819  
Dover-Foxcroft Location:  
Phone: 947-8493  
Fax: 564-0019

**CDS York**

39 Limerick Road  
Arundel, Maine 04046  
Phone: (207) 985-7861  
Fax: (207) 985-6703



**AUTHORIZATION TO REQUEST AND/OR SHARE INFORMATION AND RECORDS**

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

Provider with whom information will be shared: \_\_\_\_\_  
*one Provider per authorization*

I authorize Child Development Services ("CDS") to request and/or share information and records pertaining to my child.

I understand that this Authorization permits CDS to:

- Communicate with the Provider listed above regarding coordination of early intervention / special education and related services for my child.
- Request from the Provider listed above: reports, evaluations, progress notes and recommendations.
- Share with the Provider listed above any information that is maintained in my child's CDS file, whether generated by persons employed by or contracted with CDS.

Specific records / documents to be requested or shared:

- Evaluation Reports
- Educational Plans
- Plans of Care / Treatment Plans
- Progress Notes
- Third Party Payment Parental Consent
- Other (describe) \_\_\_\_\_

This information will be used for the following purpose(s):

- To assist in determining appropriate educational placement and/or programming
- To assist in determining the need for further medical information
- To provide additional evaluation data
- For data collection / notification purposes at both the local and state level
- Other (describe) \_\_\_\_\_

CDS applies the Family Educational Rights and Privacy Act regarding confidentiality of client records. Information regarding my child:

- Will be maintained in a confidential file that is available for my review at the CDS office upon request.
- May be shared with persons employed by or contracted with CDS when relevant.

This authorization is effective for the term of my child's IFSP or IEP; a period no longer than twelve (12) months, will be reviewed at the annual IFSP / IEP team meeting, and may be revoked at any time. Revocation does not negate any requested and/or shared information obtained after the consent was given and before the consent was revoked.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

\*Please note that most standard email does not provide a secure means of communication. There is some risk that personal identifiable information contained in email may be disclosed to, or intercepted by, unauthorized third parties. Use of more secure communications, such as phone or fax is always an alternative.