

Technical Assistance/Consultation Request

UCF CARD ~ P. O. Box 162202 ~ Orlando, FL 32816-2202
Phone: 407-823-6011 ~ Toll Free: 888-558-1908 ~ FAX: 407-823-6012

Date of Request:

Requestor (Name & Title):

School/Agency:

Phone:

Email:

Request for: Technical Assistance Consultation

Technical Assistance Needed (define): ~ OR ~ Specific Issue for Consultation (define):

Requested Location for Assistance:

Requested Dates (please provide 3 options):

If for specific child, is child registered with UCF CARD?: Yes No

Release of Information form completed by parent (if for a specific child): Yes No

Name & Title of Administrator:

Signature of Administrator (required):

Fax this completed form, and the signed parental consent form if for a specific child, to our office. A staff member will then contact you to discuss your request. Thank you.

CARD Staff Member Receiving Request:

Assigned To:

Confirmed:

Signature of Director

Signature of Liaison

Date Assigned