



## RELEASE OF INFORMATION CONSENT FORM

I, \_\_\_\_\_, the undersigned, hereby authorize the following individual, or agency to release and provide information regarding my child; \_\_\_\_\_

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

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Release information to;**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### INFORMATION TO BE SHARED

- Evaluations
- Progress notes
- Therapy with non educational decision making Caregiver
- Discussion of child's progress

NOTE: I understand that this release is valid as long at the therapist is working for the family or school . I further understand that I may cancel or revoke this authorization at any time in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By my signature below, I consent to the release of the above listed information / documents.

Printed Name: \_\_\_\_\_

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