



Authorization For Release/Request Information

Information will be released/exchanged between

I _____ give permission to release information:

FROM: _____

TO: _____

Information to be released/request (Check those which apply)

- Verbal Communication (under age of 18)
- Health and/or Medical Information
- Verbal and/or Written Report of Medical Information
- Current School Reports
- Teacher Observation of Classroom Conduct and Peer Interactions
- Psychological/Psychiatric Information
- Other _____

You can revoke consent at anytime, and no further release will be made.

Client Signature

Date

Witness

Date