



**Authorization To Release Confidential Information**

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

I give my consent for \_\_\_\_\_ to speak with \_\_\_\_\_.

**TO FACILITATE PLANNING FOR:**

_____	_____	_____	_____	_____
Last Name	First	Middle	Date of Birth	Social Security #

**PLEASE RELEASE THE FOLLOWING:**

- |  |                                       |
|--|---------------------------------------|
| _____ Psychological Evaluations        | _____ Psychiatric Evaluations         |
| _____ Semester Reports                 | _____ Psychoeducational Evaluations   |
| _____ Psychological Evaluations        | _____ Medical Records                 |
| _____ School Records/ Transcripts      | _____ Standardized Tests              |
| _____ Audiological Reports             | _____ Vocational Guidance Reports     |
| _____ Staffing Reports                 | _____ Speech and Language Evaluations |
| _____ Occupational Therapy Evaluations | _____ Physical Therapy Evaluations    |
| _____ Other _____                      |                                       |

**I UNDERSTAND THAT THE GRANTING OF CONSENT FOR THE RELEASE OF RECORDS IS VOLUNTARY ON MY PART.**

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name