

Shared Services

Authorization to Release Information

I, _____, on behalf of my child, _____,

authorize _____ to disclose or
(Name of Person or Organization)

release information to, or receive information from:

(Name, Organization)

This consent to disclose, release or receive information may be revoked by me at any time.

Records/information to be released. Please send copies of records to the address and individual noted above.

(Check all that apply.)

_____ Educational -- General and Special

_____ Psychological

_____ Psychiatric

_____ Ongoing Exchange of Verbal Information

_____ Other _____

(Signature)

(Relationship)

(Date)