RELEASE OF INFORMATION

Client's Name: Date of Birth:

By signing this document, I am consenting to the exchange of information between the following agencies:

Agency	Agency
Address	Address
City, State, Zip	City, State, Zip
Phone Number	Phone Number
Email	Email

Disclosure of information shall include but not be limited to the following:

Circle all that apply:

Tutoring notes/information
School Records/IEP, etc
School information/Educational Records
Psychological Information and/or Reports
Treatment Plan, Progress, Report Card
Medical/Health Information

Speech-Langugae Reports/Information
Exchange of Phone Calls/emails (ongoing)
Occupaitional Therapy Information/Reports
Hearing/Vision Reports
Other:_____
_____

The disclosure of this information is for one or more of the following reasons:

Circle All That Apply:

Evaluation
Educational Planning
Treatment Planning
Other: _____
_____
_____

_____ _____
Print Name of Client/Parent/Guardian Relationship to Client

_____ _____
Signature Date