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Release of Information Consent

I, _____, authorize _____
to:

___ (send) ___ (receive) the following ___ (to) ___ (from) the following agencies or people:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

___ Academic testing results	___ Psychological testing results
___ Behavior programs	___ Service plans
___ Case notes	___ Summary reports
___ Intelligence testing results	___ Vocational testing results
___ Medical reports	___ Entire record
___ Personality profiles	___ Other (specify) _____
___ Progress reports	_____
___ Psychological reports	_____

The above information will be used for the following purposes:

___ Planning appropriate treatment or program
___ Continuing appropriate treatment or program
___ Determining eligibility for benefits or program
___ Case review
___ Updating files
___ Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: _____ Date: ___/___/___

Parent/guardian signature: _____ Date: ___/___/___

Witness (if client is unable to sign): _____ Date: ___/___/___

Person informing client of rights: _____ Date: ___/___/___

Mail to: _____
Address: _____ City: _____ State: _____ Zip: _____