



RELEASE OF INFORMATION CONSENT FORM

I, _____, authorize _____

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

Name:

Address:

City: _____ State: _____ Zip: _____

Name:

Address:

City: _____ State: _____ Zip: _____

Items to be released: (check all that apply)

____ Academic testing results

____ Behavior program

____ Case notes

____ Intelligence testing results

____ Medical reports

____ Personality profiles

____ Progress reports

____ Psychological reports

____ Psychological testing results

____ Service plans

____ Summary reports

____ Vocational testing results Entire record

____ Other (specify)

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:

Parent/guardian signature:

Witness (if client is unable to sign):

Person informing client of rights:

Date: ___/___/___

Mail to: _____

Address: _____

City: _____

State: _____ Zip: _____

