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RELEASE OF INFORMATION CONSENT FORM

I, _____, authorize _____ to: ____ (send) ____ (receive)

the following info, ____ (to) ____ (from) the following agencies or people:

Name	Address	Phone	Fax

- | | |
|---|--|
| <input type="checkbox"/> Academic Testing Results | <input type="checkbox"/> Psychological Testing Results |
| <input type="checkbox"/> Behavior Programs | <input type="checkbox"/> Service Plans |
| <input type="checkbox"/> Case Notes | <input type="checkbox"/> Summary Reports |
| <input type="checkbox"/> Intelligence Testing Results | <input type="checkbox"/> Vocational Testing Results |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Personality Profiles | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Progress Reports | |
| <input type="checkbox"/> 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.

Signature of Client: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____