

Release of Information Consent Form

I, _____, authorize _____

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

Name	Address	City	State	Zip code	Phone
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Name	Address	City	State	Zip code	Phone
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Name	Address	City	State	Zip code	Phone
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|---|---|
| <input type="checkbox"/> Academic Testing Results
<input type="checkbox"/> Behavior Programs
<input type="checkbox"/> Case Notes
<input type="checkbox"/> Intelligence Testing Results
<input type="checkbox"/> Medical Reports
<input type="checkbox"/> Personality Profiles
<input type="checkbox"/> Progress Reports
<input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Psychological Testing Results
<input type="checkbox"/> Service Plans
<input type="checkbox"/> Summary Reports
<input type="checkbox"/> Vocational Testing Results
<input type="checkbox"/> Entire Record
<input type="checkbox"/> Other (specify) _____

_____ |
|---|---|

The above information will be used for the following purposes

- Planning Appropriate Treatment of 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 _____

Signature of Witness _____ Date _____
(if client is unable to sign)

Signature of Person Informing _____ Date _____