



AUTHORIZATION TO RELEASE/RETRIEVE/EXCHANGE INFORMATION

I HEREBY CONSENT to Samara Learning Center to DISCLOSE and/or RELEASE information to the following parties. This includes written and verbal transfer of history, school records, mental health records, and/or records containing personal information relevant to the to the individual for the purposes of consultation, coordination with relevant professionals, and services provided by our Peer Support program under the Samara Success Program.

I HEREBY CONSENT to Samara Learning Center to RETRIEVE information to the following parties. This includes written and verbal transfer of history, school records, mental health records, and/or records containing personal information relevant to the to the individual for the purposes of consultation, coordination with relevant professionals, and services provided by our Peer Support program under the Samara Success Program.

Name

D.O.B.

Address

Phone

AGENCY/INDIVIDUAL: _____
Address: _____
Telephone: _____
Email: _____

The purpose of the exchange of information is:

- _____ School Admissions review Process
- _____ On-going program planning/treatment
- _____ Psycho-educational assessment requested by the parent
- _____ Other: _____

The type of information to be exchanged will include:

- _____ Educational/language/movement – APE assessments
- _____ Medical records/assessment
- _____ Grade transcripts
- _____ Progress report information/goals and objectives
- _____ Psychotherapy reports
- _____ Psychological assessments
- _____ Other _____

The period release is valid for:

- _____ Ninety (90) days
- _____ On-going while receiving services at the Samara Learning Center
- _____ Other _____

I hereby authorize the Samara Learning Center to exchange information regarding my child with the above-specified agency/individual. I certify that this release has been made voluntarily. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it.

Child/Client Name

Date

Client/Guardian Signature

Relationship to Client