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AUTHORIZATION OF RELEASE OF INFORMATION

I authorize _____ to release information
about the educational, social, behavioral, and/or psychological functioning of
_____, birthdate: _____,
to _____ for the purpose of _____
_____.

This authorization for release of information will be valid until
_____.

I understand that I may revoke this consent at any time and that the named
recipient authorized to receive this information shall have the right to inspect and
copy the information to be disclosed.

This information will be treated as confidential and will not be released to a
third party without written consent.

If I refuse to sign this authorization, I understand that the consequences will
be _____.

Signature of client (if twelve years or older): _____

Signature of parent/guardian of minor: _____

Signature of witness: _____

Date: _____