

Permission to Exchange Information

This form authorizes the Frostig Center to DISCLOSE and/or RELEASE information about:

Student's Name: _____ DOB: _____

This form must be completed for each Agency/Individual.

AGENCY/INDIVIDUAL: _____

Role in regards to student: _____

Address: _____

Telephone: _____

The purpose of the exchange of information is:

- School Admissions review Process
- On-going program planning/treatment for an enrolled student
- 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 rep orts
- Psychological assessments
- Other

The period release is valid for:

- Ninety (90) days
- On-going while receiving services at the Frostig Center
- Other

I hereby authorize the Frostig Center to exchange information regarding my child with the above-specified agency/individual.

Parent's Signature

Date

Please return this form to the attention of:

- Records Librarian
- Admissions Coordinator
- Educational Support Services Coordinator
- Other: _____