

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

My/Our name is _____ / _____

I/We are the Parents/Guardians of _____

MELISSA SHANAHAN is authorized to release and/or receive confidential information, records, testing results, copies of report cards, progress reports and all other pertinent information regarding _____ whose date of birth is _____ and who resides at _____.

MELISSA SHANAHAN is also authorized to release the above records, along with a confidential, candid assessment of the student and family situation to institutions and educational/therapeutic professionals to aid in placing the student appropriately.

The undersigned gives permission to the following professionals to speak with MELISSA SHANAHAN and representatives of institutions both before and during placement.

Name _____ Phone _____

Name _____ Phone _____

If there are records to be withheld, they are:

Signed: _____ Date: _____

Signed: _____ Date: _____