
Authorization for Release of Information

I hereby authorize:

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to release information, whether in spoken, printed, or electronic form, to and to receive information from:

Name, address, and phone number of person and/or institution:

concerning my:

Medical, Physical, Developmental, School, Social History
Medical, Psychological, Psychiatric, Neuropsychological Evaluations, Diagnoses,
Interventions, Treatment Plans, Progress Notes, Discharge Summary
School-based evaluations and diagnoses, including testing of intelligence,
speech, language, academic achievement, gross and/or fine motor skills, or other
cognitive skills

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