

---

**Authorization for Release of Information**

---

I, \_\_\_\_\_, am the parent, managing conservator, guardian, or personal  
(full name)

representative of \_\_\_\_\_ who was born on \_\_\_\_\_ and  
(child's full name) (mm/dd/yyyy)

who resides at \_\_\_\_\_  
(address of child's primary residence)

I hereby authorize:      MICHAEL S. MCLANE, PSY.D.  
   LICENSED PSYCHOLOGIST  
   12830 HILLCREST ROAD, SUITE 233  
   DALLAS, TX 75230  
   PHONE: (972) 620 - 1225  
   FAX: (972) 620 - 4393

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 the child's:

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  
Records, reports, or other documents generated by the child's school or school district

Signature: \_\_\_\_\_  
(Parent, guardian, managing conservator, personal rep.)

Date: \_\_\_\_\_  
(mm/dd/yy)

Print Full Name: \_\_\_\_\_

If you are a guardian or personal representative of the child, this form must be accompanied by Letters of Guardianship/Letters of Testamentary/Letters of Administration dated within sixty days of the date of this authorization. If you are a Managing Conservator, this form must be accompanied by a copy of the Court Order appointing the Managing Conservator.