



Providing children and their families with quality diagnostic and educational services

PARENT/GUARDIAN PERMISSION FOR RELEASE OF INFORMATION

To: _____

I give permission for _____ (client's name)
information/records to be released to the following individuals, agencies, and/or
schools:

Signed: Parent/Guardian: _____

Date: _____

Such release also allows **Learning Curve** to speak to individuals to whom
information is being released to via telephone.