



**RELEASE OF INFORMATION**

**CLIENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**TO:**

**You are hereby authorized to release Medical, Social, Academic, and/Psychological records pertaining to my child to the PPEC.**

**This information will be utilized in the best interest of my child and will not be released to any other person without written permission from me.**

**Signed:** \_\_\_\_\_  
(Parent/Guardian)

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Address**