

FrostigCenter

Permission to Exchange Information

This form authorizes the Frostig Center to DISCLOSE information about:

Student's Name

D.O.B.

This form authorizes the agency/individual specified below to RELEASE information about the above-named student to the Frostig Center.

AGENCY/INDIVIDUAL: _____

Role in regards to student: _____

Address: _____

Telephone: _____

The purpose of the exchange of information is:

- _____ School Admissions review Process
- _____ On-going program planning/treatment for an enrolled student
- _____ Psycho-educational assessment requested by the parent
- _____ Other: _____

The type of information to be exchanged will include:

- _____ Educational/language/movement – APE assessments
- _____ Medical records/assessment
- _____ Grade transcripts
- _____ Progress report information/goals and objectives
- _____ Psychotherapy reports
- _____ Psychological assessments
- _____ Other

The period release is valid for:

- _____ Ninety (90) days
- _____ On-going while receiving services at the Frostig Center
- _____ Other

I hereby authorize the Frostig Center to exchange information regarding my child with the above-specified agency/individual.

Parent's Signature

Date

Please return this form to the attention of:

- Records Librarian
- Admissions Coordinator
- Educational Support Services Coordinator
- Other: _____