



**Authorization/Release of Information**

Date \_\_\_\_\_

The individual named below is receiving services through Learning Consultants, Inc. This is a request for the information checked below.

- \_\_\_\_\_ School Records
- \_\_\_\_\_ Individual Education Plan (IEP)
- \_\_\_\_\_ 504 Plan
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Special Education Progress Reports
- \_\_\_\_\_ Assessment
- \_\_\_\_\_ Diagnosis
- \_\_\_\_\_ Psychosocial Evaluation
- \_\_\_\_\_ Educational Evaluation
- \_\_\_\_\_ Treatment Plan or Summary
- \_\_\_\_\_ Current Treatment Update
- \_\_\_\_\_ Educational Information
- \_\_\_\_\_ Progress in Treatment
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Address and Phone Number(s)

I understand that I have the right to revoke this authorization, in writing, at anytime by sending written notification to Learning Consultants, Inc. at 2025 South Brentwood Boulevard, Suite 206, St. Louis, MO 63144. Unless sooner revoked, this consent expires on the termination of services, or on the following date \_\_\_\_\_. Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent/Guardian Date