



PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

My/Our name is _____ / _____ Date ____ / ____ / ____

I/We am/are the Parents/Guardians of _____

JUDGE MASON EDUCATIONAL CONSULTANT is authorized to receive and/or release confidential information; records; testing; the Woodcock-Johnson-Educational Battery-Revised; the results of the Wechsler; copies of report cards; progress reports; and transcripts and all other pertinent information regarding _____ whose date of birth is _____ and who resides at _____.

JMEC is also authorized to release the above records, along with a confidential, candid assessment of the student and family situation, to institutions and educational/therapeutic professionals to aid in placing the student appropriately.

The undersigned gives permission to the following professionals to speak with JMEC and representatives of institutions chosen by JMEC both before and during placement.

Name _____ Phone _____

Name _____ Phone _____

The undersigned further authorize[s] JMEC to act on their behalf to request and permit other professionals to discuss information regarding the above-named minor in the interest of facilitating the health and well-being of the said minor.

Please circle 'are' or 'are not': There are are not records I wish withheld. If there are records to be withheld they are:

Signed: _____ Date: _____

Signed: _____ Date: _____