



David Magee • Director  
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Lisa Manning • Special Education Teacher

## Authorization for Release of Information

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I hereby authorize *Ready2Learn, Inc.* to release and/or obtain information to/from:

\_\_\_\_\_  
Name of School/Agency  
\_\_\_\_\_  
Contact Person  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone/Fax

\_\_\_\_\_  
Name of School/Agency  
\_\_\_\_\_  
Contact Person  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone/Fax

The information to be released/obtained includes:

This information will be used for the following purposes:

This authorization is valid for one calendar year, or until otherwise specified, and thereafter is invalid. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent.

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

**Relationship to Student:**  Parent  Legal Guardian  Other: \_\_\_\_\_