

# THE HOMEWORK ADVISORS

## Release of Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_,  
*(Parent's Name)* *(Name of Doctor, Teacher, Etc.)*

of \_\_\_\_\_ to release the following information to The Homework Advisors  
*(Facility, School, Etc.)*

with respect to \_\_\_\_\_ of whom I am the legal guardian  
*(Child's Name)*

and/or biological parent. In addition, I hereby authorize The Homework Advisors to release the following information to the person identified above. I understand that this consent is ongoing until retracted. I further understand that I can retract this consent at any time.

Nature of the information being released:

\_\_\_\_\_ Consultation including summary of treatment & treatment planning

\_\_\_\_\_ Results of prior or current psychoeducational, speech/language, occupational therapy, physical therapy evaluations and treatment summaries

\_\_\_\_\_ Standardized state-wide educational test results

\_\_\_\_\_ Complete educational record

\_\_\_\_\_ Other; Please explain \_\_\_\_\_

Phone Number of Contact Person: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_