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Release of Confidential Information Form

Date: _____

Student Name: _____

DOB: _____

I, _____, grant Teresa A. Langford, Ed.D. of Comprehensive Evaluation and Consultation L.L.C. permission to release the following records for _____:

- _____ Psycho-Educational Test Results
- _____ Report of Test Results
- _____ Age and Standard Score Profile Graphs
- _____ Recommendations
- _____ Other: Summary of Diagnosis and Recommendation for Tutor
- _____ Other: _____

Release is granted to send records to:

I am fully informed of and understand the information which will be released by this consent. I understand that this consent is voluntary and may be revoked at any time.

Parent/Adult Signature

Date:

Parent Mailing Address:
