

# CARRIAGE HOUSE EDUCATIONAL SERVICES AND PRESCHOOL

## AUTHORIZATION TO REQUEST/RELEASE CHILDREN'S INFORMATION

Child's name: \_\_\_\_\_

DOB: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, authorize Carriage House Educational Services to request/share information about my child and discuss my child with the following providers/schools. I understand the information shared will be related specifically to my child's educational, therapeutic, and/or behavioral programming and may include diagnostic and assessment information, as well as individual goals or progress made toward those goals.

Provider/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

