

Developing Connections[™]

Speech & Occupational Therapy

14145 Simone Drive, Shelby Township, MI 48315

Phone: 586-566-6280 Fax: 586-566-1898

Information Release Form

Dear Parent/Guardian,

Please complete the following information in order to share your child's information with the requested.

agency/person.

Section A. Client Information	
Name (last, first, middle initial)	
Current Mailing Address	
Daytime Phone Number	
Section B. Requesting Agency	
Name (last, first, middle initial)	
Agency Name & Mailing Address	
Relation to Client	Email Address
Date Requested	Date Needed
Please check one or more of the boxes below to grant authorization to different types of information and student account records	
<input type="checkbox"/> Access To Evaluations and Treatment Notes	
<input type="checkbox"/> Access To Standardized Testing	
<input type="checkbox"/> Conversation with Therapists/Office Personnel	
I authorized the above requesting agency/person, named in Section B, to access the above indicated clients records and/or therapists information. The authorization does not permit the agency to make any changes.	
Parent/Guardian Signature	Date:

I understand I have the right to revoke this authorization at any time. I understand to revoke this, I must submit a written revocation to Developing Connections Inc. I further understand that Developing Connections Inc. may have released information based on the original authorization. Authorization will expire automatically upon completion of annual re-evaluation.

