

Authorization for Release and Exchange of Information

Educational Solutions and Advocacy

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I hereby authorize the use or disclosure of my individually identifiable information, as described below, to Educational Solutions and Advocacy LLC.

I understand that this authorization is voluntary. I understand that the information is to be used to facilitate and support accessibility and advocacy needs and will not be used or shared for any other purpose.

Person whose information will be released or exchanged (client)

Name: _____

DOB: _____

Parent or Legal Guardian agreeing to allow the release or exchange of information if above named person is a dependent.

Name: _____

Relationship to client: _____

Person(s)/Organization(s) providing the information:

Description of information to be released / exchanged:

Additional Comments:

The client or client's representative must read and initial the following statements:

I understand that this authorization will only expire upon parents written request Initials: _____

I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but that, if I do, the revocation won't have any effect on any actions the providing organization took before it received the revocation.

Initials: _____

Signature of client or client's representative:

Date: _____

Printed name of client or client's representative: _____

Relationship to the client if client is dependent: _____

YOU MAY REFUSE TO SIGN FULL or PARTIAL AUTHORIZATION

____ *I / we do not grant permission for the release of information for consulting, advocacy, assessment, or any other purpose.*

OR

____ *I / we do not grant permission for the release of information pertaining to:* _____

Refusal to Sign Authorization Form

Signature of client or client's representative:

Date: _____

Printed name of client or client's representative: _____

Relationship to the client if client is dependent: _____