

AUTHORIZATION TO RELEASE INFORMATION

Name _____ Date of Birth: _____
(Printed name of young person)

_____ hereby authorize(s)
(Printed name of parents, guardian or young person)

FamilyLight [a service of Thomas J. Croke and Associates, Inc., at 11 Torrington Drive, Greensburg, PA 15601], its agents, or assigns to release and/or discuss confidential documents concerning the youth or young adult named above to potential facilities, programs, physicians or other professionals within the realm required to provide an appropriate recommendation for placement. These records may include all or some of the following information:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Psychiatric Evaluation | <input checked="" type="checkbox"/> Progress Notes |
| <input checked="" type="checkbox"/> History & Physical | <input checked="" type="checkbox"/> Treatment Plan |
| <input checked="" type="checkbox"/> Academic Reports | <input checked="" type="checkbox"/> Other: <u>any records relevant to proper planning for student named above</u> |

The above information is to be used for the purpose of assisting in planning relative to educational needs, personal growth, psychological needs, and/or health care concerns.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

Signature of student, if applicable

Date