



Family Achievement™ Center, Inc.
8320 City Centre Drive, Suite G
Woodbury, MN 55125
Phone: 651-738-9888
Fax: 651-738-9889

Authorization for Release of Information

I hereby give my permission to Family Achievement Center, Inc.

TO:

- Disclose to
- Obtain/receive from
- Exchange with

With the following persons below:

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

I wish to have the following information released:

- ISP IEP IPP PIP IHP IDEA IFSP X-RAYS
- Psychological Testing Medical Reports Assessment
- Summary of Contacts School Adjustments Evaluation
- Recommendations General Verbal Communication
- _____ Other:

For confidential use in the evaluation and/or treatment planning for:

Patient name (Print Name)

Date of Birth

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided by law. This authorization may be revoked by me at any time, but will remain in effect unless and until I do so.

Patient, Parent/Legal Guardian

Date