

Great Lakes Educational Group

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734-944-5658 Fax 734-429-8217

Release of Information

Please check one:

_____ YES, I hereby authorize and request of confidential, professional information, including psychological and educational records.

_____ No, I refuse to authorize the release of any information.

FROM/TO: _____

TO/FROM: _____

I understand that I may revoke this consent at any time by informing the above noted individuals.

Child's Name _____ Date of Birth _____

Parent(s) Name: _____

Parent(s) Address: _____

Signature of Parent

Date

Signature of Witness

