



**CREATIVE HANDS ABA**  
HELPING CHILDREN EXCEL

### Authorization to Release-Request Information

<b>To</b>		<b>Phone</b>	
<b>Attn:</b>		<b>Fax</b>	
<b>Address</b>			

**I hereby authorize Creative Hands ABA to (check all that apply):**

- Exchange with                     
  Release to                     
  Obtain from

**I hereby authorize Creative Hands ABA to exchange/release/obtain information:**

- Verbally only                     
  In written form only                     
  Both verbally and in writing

<b>Client Name</b>		<b>Client DOB</b>	
--------------------	--	-------------------	--

**Description of information to be exchanged/released/obtained:**

- Evaluation/assessment/eligibility                     
  Educational records                     
  Medical records  
 Clinical records (including behavior analytic, psychological, physical, occupational, and speech therapies)  
 Other \_\_\_\_\_

#### Authorization

I understand that this consent will expire one year from the date of signature, unless otherwise stipulated or revoked in writing. \_\_\_\_\_initial

A copy of this authorization is to be considered as valid as the original. \_\_\_\_\_initial

I release Creative Hands ABA from all liability pertaining to disclosure of information concerning records of the above-mentioned individual. \_\_\_\_\_initial

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (Print Name)