



# Stowell Learning Center

## Release of Information

Re: \_\_\_\_\_

Student's Name	Birthdate
_____	_____
Street Address	Phone Number
_____	_____
City                  State                  Zip	Parent/Guardian's Name
_____	_____

I hereby authorize **Stowell Learning Center** and the following parties to exchange any reports or information that would aid in the educational programming and treatment the student named above.

### School

\_\_\_\_\_  
Name of school district

\_\_\_\_\_  
Phone

\_\_\_\_\_  
FAX

### Professional

\_\_\_\_\_  
Name of professional

\_\_\_\_\_  
Phone

\_\_\_\_\_  
FAX

### Agency

\_\_\_\_\_  
Name of agency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
FAX

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip