

Pathways For Learning, Inc.
Enhancing Development Through *Sensory* Environments
8045 Providence Road, Suite 200 Charlotte, NC 28277
PN (704) 540.5252 * FX (704) 540.5755**

CONSENT FOR RELEASE OF INFORMATION

Name of Client: _____ Date of Birth: _____

As a Client, Parent, or Legal Guardian, I authorize Pathways For Learning, Inc. to obtain specified records/information from the following:

_____	_____
_____	_____
_____	_____

As a Client, Parent, or Legal Guardian, I authorize Pathways For Learning, Inc. to release specified records/information to the following:

_____	_____
_____	_____
_____	_____

Information to be released:

Evaluations Treatment Plans Medical Records

Progress Notes Developmental/Sensory History

Other _____

Specific Information NOT to be released:

I acknowledge that this consent is voluntary and is valid for one year. I understand that I may revoke this consent at any time, except to the extent that action based on this consent has been taken.

Signed this _____ day of _____, 20____

Client, Parent, or Legal Guardian