



Authorization to Release Information

I, the undersigned, hereby authorize Estelle Siebens Community Services – Assessment and Intervention to release the following information pertaining to the records of

that may be deemed necessary in the implementation and follow-up of the recommendations.

Assessment Report

Letter _____

Other _____

Name and address of organization to which information is to be released:

Organization **Read/Write & Math at Foothills Academy Community Services**

Contact **Gloria Robertson**

Address **745 37 Street NW**

City **Calgary** Province **AB** Postal Code **T2N 4T1**

Phone number _____

I understand why I have been asked to disclose my/my child’s information to the above individual/organization. I am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of this information. I understand that I may revoke this consent in writing at any time.

Parent/Guardian/Client

Date

Parent/Guardian/Client

Date

Witness

Date

This release is valid for one year from date of signature.