

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize

\_\_\_\_\_ to release information to or discuss my child

\_\_\_\_\_, whose date for birth is \_\_\_\_\_,

with \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Notary Signature \_\_\_\_\_

County/Parish of \_\_\_\_\_ State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_