

Christine L. Kalchthaler, CAGS, ABSNP
Licensed School Psychologist
Diplomate, American Board of School Neuropsychology

15-D Loudoun Street SW
Leesburg, VA 20175
571.293.1123
christine@childpsychservices.net
www.childpsychservices.net

RELEASE OF INFORMATION FORM

CLIENT'S NAME: _____

DATE OF BIRTH: _____

I give permission for Child Psychological Services to have a reciprocal agreement with

Name of Agency

Address

to release the following information on _____
Name of Child

- ___ Educational Assessment Reports
- ___ Medical Assessment Reports
- ___ Speech Assessment Reports
- ___ Hearing and/or Vision Assessment Reports
- ___ Language Assessment Reports
- ___ Psychological Reports
- ___ Sociological Reports
- ___ IEP
- ___ Any information regarding academic performance in the classroom and/or classroom behavior
- ___ Any professional case notes pertaining to counseling, interview sessions and/or recommendations
- ___ Other (Specify) _____

The doctrine of informed consent has been explained to me and I understand the content to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that I may revoke this consent at any time except to the extent that action based on this consent had been taken.

Client's Signature

Date