



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