

**Parent and Family Advocates, LLC**

**Authorization to Release Information**

Re: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Name of student)

\_\_\_\_\_ hereby authorize (s)  
(Name of parents/guardian/or student)

Parent and Family Advocates, LLC, its agents or assigns, situated at 1786 Deerhill Trail, Topanga CA 90290, to release and/or discuss confidential documents concerning the youth or young adult named above to potential facilities, programs, physicians or other professionals within the realm required to provide an appropriate recommendation for placement. These records may include all or some of the following information:

- |                              |   |
|------------------------------|---|
| _____ Psychiatric Evaluation | _____ Progress Notes  |
| _____ History & Physical     | _____ Treatment Plan  |
| _____ Academic Records       | _____ Other: any records relevant to<br>proper planning for the student<br>listed above |

The above information is to be used for the purpose of assisting in planning relative to educational needs, personal growth, psychological needs, and/or health care concerns.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student, where applicable

\_\_\_\_\_  
Date