Assessment & Intervention Services of Richmond, LLC

RELEASE TO EXCHANGE INFORMATION

I give Marie A. Boehling, Ed.S, NCED permission to exchange information regarding my child,

_____, with the following individuals or organizations:
Name of Student

1. _____ _____
   Name/Organization Contact Information

2. _____ _____
   Name/Organization Contact Information

3. _____ _____
   Name/Organization Contact Information

I am giving permission for myself or a minor child for whom I am the legal guardian. I attest that permission for minor children is made in accordance with any custody agreement currently in effect.

I understand that the information will be shared for the purposes of treatment or evaluation and will not extend beyond the scope necessary for treatment or evaluation. I also understand that information will be kept confidential.

Signature: _____

Relationship to Child: _____

Date: _____

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