



**RELEASE OF INFORMATION – EDUCATION CONSULTANT**

SUBJECT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Address

City, State, Zip

I hereby authorize: \_\_\_\_\_

Name and Title

Address

City, State, Zip

Telephone/Fax

Email

- To release any and all information from their knowledge, records, and files regarding the named subject. The information shall cover any and all matters and shall not be limited to a particular period in time.
- The information this authorization releases shall be furnished to **G. Bryan Fleming** in his role as **Education Consultant**, and may be used only in the proceedings for which the **Education Consultant** has been appointed. The information released by this authorization shall be unlimited.
- This authorization may be revoked by the undersigned upon written notice received by the provider and such revocation shall take effect from and after receipt by the provider, however, any release made prior to receipt of revocation shall be deemed valid. This authorization shall be valid for one year from the date of my signature.

**A photocopy of this Release shall serve as an original.**

SIGNATURE: \_\_\_\_\_

Subject *(Parent/Guardian if subject is under 18 years of age)*

\_\_\_\_\_  
Date