

Release of Information Form

Name Student:

Date of birth:

Address in NL:

Postal Code:

City:

Telephone:

E-mail address:

Name of the school/institute: **Lighthouse Special Education**

I give permission to the staff members of Lighthouse to discuss the above mentioned child and share information, both formal and informal, with

Name:

Organisation:

Reports that are available in the following areas may also be shared:

- Assessment
- Observational information
- Planning/therapy goals
- Individual Education Plan/School progress

Parent Name: _____

Parent Signature: _____

Date: _____