



THE LEARNING MIND

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The Learning Mind Release

AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR CONFIDENTIAL INFORMATION

I consent to services with Claudia Zimmerman of The Learning Mind and authorize any schools, agency, individuals, physicians, and other providers to discuss and/or provide copies of their records or information to Claudia Zimmerman of The Learning Mind. I understand that information concerning school, psychiatric, psychological, medical diagnosis, drug or alcohol abuse, economic status, and educational information regarding my child will be released and/or communicated if checked below. I further understand that this information might contain information regarding my family, in addition to my child.

- ✓ Case / Progress / Therapy Notes Academic / School-related Records
- ✓ Grades
- ✓ Test Scores
- ✓ Attendance
- ✓ Suspensions / Expulsions
- ✓ Exceptional Student Education / Section 504 records
- ✓ Treatment Plans
- ✓ Treatment / Discharge Summaries
- ✓ Health / Medical Records

I acknowledge that all information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without an additional written consent. I understand this authorization will expire one (1) year after the date signed. I further understand I may withdraw my consent in writing at any time.