



THE LEARNING MIND

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## The Learning Mind Release (Alt.)

### Learner's Name

I hereby release Claudia Zimmermann to discuss pertinent information of the above mentioned individual for the purposes of better serving him/her. Please know that any discussions will be handled with the greatest respect for the student. Any information shared is held in complete confidence.

I understand that the information in this student's file remains confidential unless a letter from the client, parent, or sponsor states the permission to release information to another professional.

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.

### Parent/Guardian/Sponsor 1

E-Signature

Date

Phone Number

Address

### Parent/Guardian/Sponsor 2

E-Signature

Date

Phone Number

Address