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REQUEST FOR RELEASE OF RECORDS

REQUESTED FROM: **Doctor:** _____

Address: _____

School: _____

Address: _____

Other: _____

Address: _____

Name: _____ **Birthdate:** _____

Phone: _____ **Address:** _____

Details of requested information:

I, _____ (Mother, Father, Guardian) hereby authorize
the release of any and/or all information to _____ regarding
my son/daughter _____.

SIGNATURE: _____

DATE: _____