



**RELEASE OF INFORMATION
(HECI Internal)**

I hereby authorize Scott Hall and Hall Educational Consulting Inc to release any and all information, documents or records concerning my child which in their professional judgment is deemed necessary to pursue the educational and/or therapeutic placement of my child. Such information, documents or records may be released verbally or in writing to educational agencies, schools, medical providers, mental health providers and other educational, mental health or medical professionals. This release may be revoked by me in writing at any time.

Name of Client/Child: _____

Signature of Parent: _____

Date of Signature: _____

For clients over 18 years old:

I hereby authorize Scott Hall and Hall Educational Consulting Inc to release any and all information, documents or records concerning me which in their professional judgment is deemed necessary to pursue my educational and/or therapeutic placement. Such information, documents or records may be released verbally or in writing to educational agencies, schools, medical providers, mental health providers and other educational, mental health or medical professionals. This release may be revoked by me in writing at any time.

Signature of Client: _____

Date of Signature: _____