



**RELEASE OF INFORMATION
(Therapist or other Professional)**

I hereby authorize _____ to
(Therapist or other Professional or Agency)
release any and all information, documents or records of any kind, verbally or in writing
by telephone, fax, email or mail regarding _____
(Name of Client/Student)
to:

Scott Hall
Educational Consultant
Hall Educational Consulting, Inc
1337 Shadow Oak Drive
Malvern, PA 19355
Telephone: 610-889-0303
Fax: 610-889-0391
scotthall@halledu.com

This release may be revoked by me in writing at any time.

Signature of Parent/Guardian or Client (if over 18 years old):

Date of Signature:
