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AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned parent or guardian of _____, do hereby authorize
Lainie S. Donnell, M.A. to exchange information regarding my child with:

Name of Person/ Institution: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

Name of Person/ Institution: _____

Title: _____

Address : _____

Phone: _____

Fax: _____

Email Address: _____

In addition, I do hereby authorize Lainie S. Donnell, M.A., ET/P to provide such information upon request
to the above stated persons or agencies.

I understand that this exchange may include psychological, social, medical, and educational information.

Signature: _____

Relationship: _____

Date: _____