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CONSENT FOR SCHOOL TO RELEASE INFORMATION

I hereby give my permission to _____
_____(School)

to release Behavioral Assessment System for Children – 2nd edition (BASC-2),
testing results, evaluations, grades, incident reports, and other relevant
information pertaining to:

Child's Name: _____

Date of Birth: _____

To be released to: Dr. _____
Ackerson and Associates
400 Vestavia Parkway, Suite 130
Birmingham, AL 35216

It is understood that the information will be used for professional purposes only
and in the interest of the patient. This release is valid for (12) twelve months or
_____, or otherwise specified below. At all times, I retain the right to
revoke this Authorization. Such revocation must be submitted to Dr. _____
in writing. I acknowledge this authorization is effective only until written
notification or revocation is supplied by me and received by Dr. _____.

Parent or Legal Guardian

Date

Witness

Date