



Release Authorization

Permission is hereby granted to ***Elizabeth Donnelly*** and ***Ellen Brown*** of ***Atlanta Educational Consultants*** to release the records, test scores, and any other pertinent educational/psychological information concerning

(name of student) _____

to any school or agency deemed necessary for educational counseling and school placement. Receipt of this form will allow ***Ellen Brown*** and ***Elizabeth Donnelly*** to receive, review, and discuss the above named student's educational requirements with other professionals involved, as well as provide you with recommendations regarding possible educational opportunities.

It is understood that these reports or discussions will be used only in the furtherance of determining current and future academic plans for the above student. Such information will remain confidential and shall be used in a manner to insure the protection and safeguarding of all rights provided by law otherwise.

This authorization shall remain in effect until the student has matriculated in another school or until revoked by me in writing. A photocopy or facsimile of this authorization shall be as valid as the original.

Client's Signature if 18 years or older

Parent or Guardian Signature

Date Signed

Parent or Guardian Signature