



Brain Learning Psychological Corp.
Email: Office@brainlearning.com
Phone: (619) 324-9764
Fax: (619) 713-5870

San Diego Office
5550 Baltimore Dr #150
La Mesa, CA 91942

Authorization to Release Confidential Information

I, _____, hereby authorize the exchange / disclosure of information
Parent/Guardian Name/ Adult Client

regarding _____ DOB: ____/____/____
Client Name

Between Brain Learning Psychological Corporation and:

Name: _____

Address: _____

phone number: _____ Fax : _____

District: _____

This Authorization permits the release/completion of the following (Please check those that apply):

- All of the following options:
- School based observations
- Rating scales / Interviews
- All Education Records (including all assessment reports and IEPs, attendance, discipline, report card)
- All private providers evaluations
- Medical Records
- Dates of Treatments & summary of Treatment Plan (if applicable)
- Other as Specified: _____

I authorize the release of the confidential information described above for the following purpose(s):

- Independent Evaluation Educational Planning Other: _____

I acknowledge that I have a right to receive a copy of this authorization and that any cancellation or modification of this authorization must be made in writing. This release shall remain valid for one year from signature date or until the following specified expiration date: _____.

Signature of Parent / Guardian / Adult Client

Date