



# ALL KIDS FIRST

**“ enhancing your child’s potential”**

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## AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

I, \_\_\_\_\_, hereby authorize **All Kids First** and the person/organization listed below to release and exchange psychological, educational, medical, and other information about:

Client’s name: \_\_\_\_\_

DOB: \_\_\_\_\_

Person/organization receiving/communicating information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I understand that this authorization is valid for the period of time in which my child is an active client with All Kids First. I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of All Kids First staff

\_\_\_\_\_  
Date

Relationship to client:   Self      Parent      Guardian

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