Parent Training and Resource Center

Family Resource Center for Disabilities and Special Needs
1575 Savannah Highway – Suite 6
Charleston, SC 29407
(843) 266-1318
(843) 266-1941 (FAX)

RELEASE OF INFORMATION

I, _____,

(Parent, Guardian or Client if over 17 years of age)

do hereby grant any staff of the Family Resource Center/Parent Training and Resource Center authorization to examine and/or obtain photocopies of any and all educational, psychological, medical, social, psychiatric or any other records of:

Child's Name: _____

Date of Birth: _____

I also authorize any staff of the Parent Training and Resource Center to engage in verbal discussion regarding relevant information pertaining to this child. Further, records may be transmitted to this organization via the most convenient way (i.e.: fax, email, usps).

I also acknowledge that a photocopy of this signed authorization shall be as valid as the original. All records obtained via this release are considered confidential.

_____ _____

(Signature) (Date)