



**THE
CENTER
FOR
LIFESPAN
DEVELOPMENT**

AUTHORIZATION TO RELEASE INFORMATION

Name of Client

Date of Birth

Social Security #

I understand that the purpose of this release is to assist with my evaluation by improving communication between professional service providers at The Center for LifeSpan Development, Inc. and the important individual(s) in my life. To further this goal, I authorize

to release my information to assist in my Learning Style and Personality Evaluation. I also authorize service providers at The Center for LifeSpan Development, Inc. to speak with the professionals at

I understand that I may revoke this release at any time, except to the extent that it has already been acted upon. This release will expire within one year of the date of this document or upon conclusion of my services, whichever comes first.

Signature of Client / Parent Guardian

Date

Signature of Witness