



Authorization For Release of Information (School Version)

Name of Child: _____ Birthdate: _____

Name of School: _____

In my capacity as the parent or legal guardian of the child named above, I hereby authorize and request that you release to Dr. Robert J. McNerney and Associates Limited the following information related to my child's attendance and participation at school:

- Questionnaires and rating scales in digital and/or paper format
- Report cards
- Psychoeducational assessment and/or speech-language therapy reports
- Adaptation or Individual Program Plan (IPP) reports
- Verbal discussion of any aspect of my child's functioning at school (e.g., via phone, videoconference, or in person)
- Other (specify): _____

Specific Instructions or Limitations

This authorization will cover actions by all Associates at Dr. Robert J. McNerney and Associates Limited. This authorization will automatically expire one year from the date of signature. It may be amended or revoked at any time in writing.

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Witness