

Giant Steps - Canopy

2500 Cabot Drive · Lisle · Illinois · 60532; 264 S Main St. Sugar Grove, IL 60554
Ph. 630.864.3800 Fax 630.864.3820

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

Name of Participant: _____

Birth date: _____

Name of person requesting information at Giant Steps: _____

I consent to have the following pertinent professional information:

- | | |
|---|---|
| <input type="checkbox"/> social developmental study | <input type="checkbox"/> anecdotal records |
| <input type="checkbox"/> medical evaluation/records | <input type="checkbox"/> special education reports (including staffing) |
| <input type="checkbox"/> psychological evaluations | <input type="checkbox"/> speech/language evaluations/records |
| <input type="checkbox"/> achievement testing | <input type="checkbox"/> cumulative folder |
| <input type="checkbox"/> social work reports | <input type="checkbox"/> psychiatric evaluations |
| <input type="checkbox"/> verified information from non-educational agencies | |
| <input type="checkbox"/> other (please specify) _____ | |

exchanged between Giant Steps and _____.

Name of contact person: _____

Phone number: _____

Email address: _____

The reason information is being requested: _____

At the time such consent is requested or obtained, the Canopy adult program shall inform the parent/guardian of the following rights:

1. To inspect and copy such records;
2. To challenge the contents of such records;
3. To limit any such consent to designated records or designated portions of information within the records; and
4. That this authorization is effective for one year from this date unless otherwise stated. Parents/guardians may revoke this consent in writing at any time. Consent will be extended one year from date of signature(s) below or until _____.

Signature of Parent/Guardian _____

Date _____