



Center for Child & Family Development
145 Washington Street
Morristown, NJ 07960

I, _____, the parent/legal guardian of
_____, hereby grant permission to the Center for
Child & Family Development to release/obtain information about my child and myself.

To/From: _____

The purpose of this disclosure is:

- _____ Obtaining/Releasing information for an education/psychological Assessment.
- _____ Obtaining/Releasing information for/from Counseling.
- _____ Submitting records for potential placement
- _____ Medical Evaluation & Follow-up
- _____ Other

Restrictions: (If any)

I understand that I have the right not to authorize disclosure. If signed, this authorization will remain in effect for one year from the date it is signed, although I understand that I may revoke the authorization in writing at any time. Revocation does not pertain to previously made disclosures.

Signature: _____ Date: _____

Signature: _____

Relationship: _____