



The ADHD CENTER FOR SUCCESS

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CONSENT FOR TEACHER/ADMINISTRATOR TO RELEASE INFORMATION

I, _____ hereby authorize the ADHD Center for Success

(Parent/Guardian name)

and/or

Teacher - Name

Teacher Email address

Teacher - Name

Teacher Email address

School Principal/Administrator - Phone

to disclose information and/or records regarding:

(name of child)

The following information may be disclosed:

- ____ Behavioral/Social/Emotional Observations & Impressions
- ____ Educational/School records including previous testing
- ____ Concerns about student
- ____ Observations shared from other teachers/school personnel about child
- ____ Completed Rating Scale Provided by Evaluator
- ____ Other

Disclosure of records is required for psychological evaluation and educational planning.

This consent shall terminate a year from date or on: _____

(date)

Today's Date _____

Name: _____

Signed: _____

Relationship to Child: _____