



## Oliver Behavioral Consultants, LLC

550 Thornton Parkway Suite 234, Thornton CO 80229

Office: (720) 459-7493 Fax: (720) 583-2382

### AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

I hereby request and authorize \_\_\_\_\_ (Name of school, doctor, etc.)  
located at \_\_\_\_\_ (Street address) \_\_\_\_\_ (city) \_\_\_\_\_ (state)  
\_\_\_\_\_ (zip code) \_\_\_\_\_ (telephone #) to engage in verbal and/or written communication  
with and release records to **Oliver Behavioral Consultants, LLC** located at 550 Thornton Parkway, Suite 234, Thornton  
CO 80229 phone: 720-459-7493

regarding the information checked below concerning my child \_\_\_\_\_ (name), whose date of birth  
is \_\_\_\_\_ (date of birth).

I understand that this information regarding my child will be released and/or communicated if indicated below.

Admission/Psychiatric and/or Psychiatric Evaluations  
Diagnosis/Diagnostic Reports  
Entire Record  
Health History/Medical Records  
Treatment/Treatment Plans/Discharge Summaries  
Social and/or Developmental History  
Care/Progress/Therapy Notes  
Medication/Medical Services  
Academic/School Related Records: grades, test scores, attendance, IEP/50, attendance, suspensions/expulsions  
Social Support Services  
Other \_\_\_\_\_

**For the purpose of:** \_\_\_\_\_

I acknowledge that all information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without an additional written consent. I understand that this authorization will expire one year after the date signed. A copy of this authorization is valid in lieu of the original. I further understand that I may withdraw my consent in writing at any time.

\_\_\_\_\_  
Print name of Parent/Guardian/Eligible Client      Signature      Date

\_\_\_\_\_  
Relationship to Child

\*eligible students may authorize the release of their education records.

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(USE THIS SPACE IF CONSENT IS WITHDRAWN)

I hereby withdraw my previous consent to the release of information about my child.

\_\_\_\_\_  
Date Consent is Withdrawn

\_\_\_\_\_  
Signature of Parent/Guardian/Eligible Client