AcademiCognitive Connections
Educational Evaluations

AcademiCognitive Connections
Nadia Braun, MS, LEP, ABSNP, BCBA
P.O. Box 211231 Chula Vista, CA 91921
Phone: (619) 304-5736
Email: AcademiCognitiveConnections@gmail.com

AUTHORIZATION TO EXCHANGE/RELEASE CONFIDENTIAL INFORMATION

Student's Name:	D.O.B.

I, _____ or _____
Name of Adult Student (age 18 or older) Name of Parent/Legal Guardian

authorize the exchange/release of confidential information regarding me (non-conserved adult student age 18 or older) or my child between AcademiCognitive Connections and the following agency/ individual:

Name of Agency/Individual:
Address:
Phone:
Fax:
Contact Person:

This authorization applies to the following information:

☐ All Special Education Records (including IEP, assessment reports, etc.)	☐ All Educational Records (including report cards, behavior reports, etc.)
☐ Medical Records	☐ Legal Issues
☐ Mental Health Records	☐ School Observation(s)
☐ All of the above	☐ Teacher Interview(s)
☐ Other as specified:	☐ Other as specified:

The authorization will be valid for one year from the date specified after signatures. Either adult student or parent of minor may revoke this authorization at any time, by providing a written request of termination.

_____ _____
PARENT/GUARDIAN DATE ADULT STUDENT (if age 18 or older) DATE