



SERVING STUDENT SUCCESS

Randy Yates, MA
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Release of Information

THIS CONSENT IS VALID FOR 150 DAYS FROM THE DATE OF SIGNATURE AND IS SUBJECT TO REVOCATION BY THE CLIENT OR THE CLIENT'S LEGAL PARENT/GUARDIAN AT ANY TIME. ANY ACTION TAKEN BEFORE THE REVOCATION IS EXCUSED.

Name of Client: _____

Date of Birth: _____

Printed Name of Legal Parent/Guardian: _____

For the purposes of conducting an independent educational evaluation (IEE), I, _____ hereby authorize the exchange of information between Randy Yates, a licensed educational psychologist (LEP), and

Organization: _____

Address/Phone: _____

___ Information to be exchanged is **unlimited**.

___ Information to be exchanged is **limited to the following checked items**:

- | | |
|-------------------------------------|----------------------------------------------|
| ___ psychological/academic reports | ___ individualized educational program (IEP) |
| ___ attendance history | ___ report cards/progress reports |
| ___ speech language reports | ___ behavioral/discipline events |
| ___ other (<i>specify</i>): _____ | |

___ This consent to release information is **two-way**, allowing for a mutual exchange of information between my LEP and the person or organization named above.

___ This consent to release information is **one-way**, from my LEP to the person or organization named above.

___ This consent to release information is **one-way**, from the person or organization named above to my LEP.

I hereby release Randy Yates & EdQuo from all legal responsibility or liability that may arise from the release of information and/or records. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time.

Signature of Client or Legal Parent/Guardian

Date

Relationship to Client

Randy Yates, MA, Licensed Educational Psychologist

Date