

## Release of Information Permission

**Helping children to speak ... and find their voice**

I/we, ..... being the parent/s or legal

guardian/s of .....who is a student  
of:

The Glenleighden School

hereby give permission for the release of appropriate information of a clinical, diagnostic or academic nature related to the above mentioned student to and from (list school or educational setting):

.....

.....

.....

.....

for the purposes of providing the best intervention and outcomes.

I/we also acknowledge that by ticking the box below I/we give permission for LET'S TALK Outreach clinic (CHI.L.D. Association) to visit my child in their new educational setting.

Let's Talk Outreach clinic

...../...../20.....  
Name of Parent/Guardian                      Signature                      Date

...../...../20.....  
Name of Parent / Guardian                      Signature                      Date

**Received by .....** **Date.....**