

## RELEASE OF INFORMATION

I/We hereby give Educational Resources Unlimited permission to discuss and receive all evaluations including materials from mental health professionals as well as any other information that might be helpful in suggesting appropriate residential options. It is understood that this information and observations will be used only in the process of determining current and future residential planning and will remain confidential.

I/We authorize Educational Resources Unlimited to release reports and evaluations to programs for the purpose of determining appropriateness and availability of placement.

---

|           |      |            |
|-----------|------|------------|
| Signature | Date | Print Name |
|-----------|------|------------|

---

|           |      |            |
|-----------|------|------------|
| Signature | Date | Print Name |
|-----------|------|------------|

---

---

This authorization shall remain in effect for one year from the above date. A photocopy of this statement of authorization shall be considered as valid as the original.