



**Release of Information**  
**FROM EBS to another entity**

**Child's Name:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_  
**Date of Request:** \_\_\_\_\_

I hereby authorize EBS Early Intervention to release to \_\_\_\_\_ the following information (Please check all that apply):

- IFSP/IEP
- Evaluation Report
- Annual Review
- Medical/Developmental History
- Other: (Please specify) \_\_\_\_\_

All information released is for the expressed purpose of developing and integrating an effective plan of treatment for the above named child. I understand that this information is confidential and will only be viewed by professional individuals involved in my child's care.

I understand that I have the right to cancel this authorization at any time.

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**Parent/Guardian Signature**

**Date**

