



Release of Information
From another entity TO EBS

Child's Name: _____
Date of Birth: _____
Date of Request: _____

Parent/Guardian: _____
Home Address: _____

I hereby authorize _____ to release to EBS Early Intervention the following information (Please list requested information):

All information released is for the expressed purpose of developing and integrating an effective plan of treatment for the child named above. I understand that this information is confidential and will only be viewed by members of my child's Early Intervention team.

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

Parent/Guardian Signature

Date

