

# Educational Resources Unlimited

Barbara T. Posner, M.A.

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## RELEASE OF INFORMATION

I/We hereby give Educational Resources Unlimited permission to discuss and receive all educational and medical evaluations including materials from mental health professionals as well as any other information that might be helpful in the school placement process for my/our child, \_\_\_\_\_.

I/We also give permission for the observation of our child in educational and therapeutic settings for the purpose of determining educational needs. It is understood that this information and observations will be used only in the process of determining current and future academic planning for my/our child and will remain confidential.

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Signature	Date	Print Name
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Signature	Date	Print Name
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I/We authorize Educational Resources Unlimited to release reports and evaluations regarding my/our child, \_\_\_\_\_ to schools and programs for the purpose of determining appropriateness and availability of placement.

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Signature	Date	Print Name
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Signature	Date	Print Name
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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.