



FORM III: CONSENT TO DISCLOSE

I/We _____
Print full name(s)

Hereby consent to the release of information pertaining to the social, emotional and academic development of

(Child's full name)

(Child's date of birth)

Between _____ **ABILITY THERAPY SERVICES** _____

and _____
(name of school, family support, agency, individual)

Special Instructions/Restrictions _____

(Signature of parent/guardian)

(Date)

(Witness)

(Date)

This consent to share information remains valid until _____
(date)