

PERMISSION TO OBTAIN AND RELEASE INFORMATION

I hereby grant permission to (Coach) to request and obtain reports of psychological and psychiatric evaluations and/or medical, school, social, and/or other appropriate records pertaining to:

Name

Birthdate

Permission is also granted for (Coach) to share findings, reports, and/or other information that might be helpful in the understanding and coaching of this client with **designated*** medical, psychological and educational or insurance professionals currently working with, or on behalf of, this client.

The signer recognizes and agrees that a copy of this form is an acceptable and binding document, and will serve as an original in any instance. This form will only be used with prior verbal authorization of the signer.

Date

Signature

Relationship to Client _____

*** Please list designated professionals and include phone and fax numbers:**

	Name	Address	Telephone	Fax
1				
2				
3				
4				
5				