



**Learning By Connecting
Education Group**

<https://www.learningbyconnecting.com>

Email: christine@learningbyconnecting.com

Phone: 805.750.2019

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

As parent or guardian of _____, I hereby authorize _____ to release and exchange educational, social, and medical information with Dr. Christine Powell, Ed.D., MEd.

This information may include conversations about this child as well as written information. The information will be utilized in an educational therapy treatment plan for the above named child.

Parent or guardian signature: _____

Address: _____

Date: _____