

Talley Webb, MA, CCRM
Principal Consultant
Journey to Better
Therapeutic Consulting
www.JourneytoBetter.net

AUTHORIZATION FOR RELEASE OF INFORMATION

Date ____/____/____

My name is _____/_____

Talley Webb, Principal Consultant at Journey to Better, is authorized to receive and/or release confidential information; records; testing; copies of report cards; progress reports; transcripts and all other pertinent information regarding _____ whose date of birth is _____ and who resides at _____.

Talley Webb is authorized to release the above records, along with a confidential, candid assessment of the student and family situation, only to institutions and educational/ therapeutic professionals to aid in finding an appropriate placement.

The undersigned gives permission to the following professionals to speak with Talley Webb and representatives of programs chosen by Talley Webb both before and during placement.

Name _____ email _____ phone _____

Name _____ email _____ phone _____

Name _____ email _____ phone _____

Name _____ email _____ phone _____

The undersigned further authorize[s] Talley Webb to act on their behalf to request and permit other professionals to discuss information regarding the above-named person in the interest of facilitating their health and well-being.

Please circle 'are' or 'are not': There are are not records I wish withheld. If there are to be records to be withheld, they are:

Signed _____ Date _____

Signed _____ Date _____