

Talley Webb, MA, CCRM  
Principal Consultant  
Journey to Better  
Therapeutic Educational Consulting  
[www.JourneytoBetter.net](http://www.JourneytoBetter.net)

AUTHORIZATION FOR RELEASE OF INFORMATION

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

My name is \_\_\_\_\_/\_\_\_\_\_

Talley Webb, Principal 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 also authorized to release the above records, along with a confidential, candid assessment of the student and family situation, 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 \_\_\_\_\_