

Consent for Communication and Document Release

Date: _____

Please PRINT Child's First, Middle and Last Name _____

I, _____, as parent/guardian of the child named above, authorize any and all listed medical providers, schools, hospitals, physicians, or mental health professionals to furnish to Reading Matters Tutoring any and all requested information from my child's health or school records pertinent to tutoring support. Such information might include diagnoses such as dyslexia, ADHD, oppositional disorder etc. or other diagnoses or issues relevant to tutoring. In addition, I give consent for Helen Huber of Reading Matters Tutoring to speak with personnel from the listed individuals and institutions regarding my child. **All information obtained will be kept private and used only for the planning of services provided by Reading Matters Tutoring.**

Please complete this form providing all relevant support services your child has received. Your signature gives Reading Matters Tutoring permission to gather relevant information about your child's learning profile so I can provide the best service possible.

School/Contact and/or Other Support Service Communication Type (Check all that apply)

1. _____ Documents ___ Verbal ___ Written ___

Phone: _____

Email: _____

2. _____ Documents ___ Verbal ___ Written ___

Phone: _____

Email: _____

3. _____ Documents ___ Verbal ___ Written ___

Phone: _____

Email: _____

4. _____ Documents___ Verbal ___ Written___

Phone: _____

Email: _____

5. _____ Documents___ Verbal ___ Written___

Phone: _____

Email: _____

This signature gives the schools and support services permission to communicate pertinent information about the student with Helen Huber of Reading Matters Tutoring. **All information is confidential and will only be used for providing remedial support to the student.**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____