



**Release of Information: School (Pre-K Through Grade 12)**

I hereby authorize an exchange of the protected information of:

**Client Name:** \_\_\_\_\_

**Client Date of Birth:** \_\_\_\_\_

**Between:**

Eon Educational Services  
Hudson, Massachusetts 01749  
Phone: (617) 359-7992  
Fax: (617) 341-9019  
Email: Info@EonEdServices.com

and

**School Name/District:** \_\_\_\_\_

**School/District City and State:** \_\_\_\_\_

**Years & Grades of Enrollment:** \_\_\_\_\_

**PURPOSE OF RELEASE:**

Psychoeducational assessment and/or documentation required to access school- or college-based student support services.

**SPECIFIC INFORMATION TO BE RELEASED:**

- ☒ Attendance Records
- ☒ Conduct Records
- ☒ Special Education Evaluation Reports
- ☒ Individualized Education Programs (IEPs) and Section 504 Plans

Dates covered by this authorization are from: Start of school enrollment to 90 days from the date of signature.

I understand that this information will be used solely for the purpose described above.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of the information.

I understand that I may revoke my consent in writing at any time. Any actions taken by Eon Educational Services before receiving revocation of consent are not covered by the revocation.

I hereby release Eon Educational Services and its duly authorized agents from all legal responsibility or liability for the release of information indicated and authorized herein.

Facsimile copies and photocopies of this signed form are considered valid.

**Client Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_  
(Clients over age 18 years)

**Name of Client's Representative:** \_\_\_\_\_  
(Clients under age 18 years)

**Representative's Relationship to Client:** \_\_\_\_\_

**Representative's Signature:** \_\_\_\_\_  
(Clients under age 18 years)