
Ignite the Light Educational Therapy, LLC

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PERMISSION TO TALK WITH OTHER PROFESSIONALS

I give Diane Pullano permission to discuss my child, _____ with:

- _____ (name of professional)
- _____ (name of professional)
- _____ (name of professional)
- Teachers, counselors, and/or administrators at _____ School

This may include sharing academic, psychological, emotional, and/or social information in order to provide better educational therapy services. I understand that any information disclosed will be held in strictest confidence.

This consent is in effect until _____

Parent/Guardian

Parent/Guardian

Date