



2125 HEIGHTS DRIVE, STE 3-1
EAU CLAIRE, WI 54701
715-514-0790
INFO@BEYONDEXPECTATIONSEC.ORG



RELEASE OF INFORMATION

Participant's Name:

Date of Birth:

Is the participant over
14 years of age?

☐ Yes ☐ No

If no, will a
parent/guardian be
signing the release

☐ Yes ☐ No

I, _____, authorize the following entity to release my information.

Participant's Name

Organization:

Address:

Phone Number:

Fax/Email:

I, _____, authorize the release of my information to the following entity.

Participant's Name

Organization: Beyond Expectations - Eau Claire

Address: 2125 Heights Drive

Eau Claire, WI 54701

Phone Number: 715-514-0790

Fax/Email: info@beyondexpectationsec.org

THE INFORMATION TO BE RELEASED INCLUDES (CHECK ALL THE APPLY)

<input type="checkbox"/> Intake Summary	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Assessment Results	<input type="checkbox"/> Session Notes
<input type="checkbox"/> Behavior Intervention Plan	<input type="checkbox"/> Entire Medical Record

Signature: _____

Printed Name: _____

Relationship to Participant _____

Date _____