

**Behavioral Consultation, Assessments, Training & Staffing**

**P.O. Box 75, Roxbury VT 05669 – (802) 793-8307 –** [**melindaneffgmbc@gmail.com**](mailto:melindaneffgmbc@gmail.com)

I hereby give my permission for information to be shared concerning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, between members of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to Green Mountain Behavior Consulting, Inc.

The nature of the information to be shared will be as follows:

* Academic records
* Screenings/assessments
* Recommendations
* Evaluation Reports
* School support team consultations
* Treatment notes/records
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition, by signing this document I give members of Green Mountain Behavior Consulting permission to discuss with school staff information pertaining to our child, and grant permission for full case file review.

This authorization to release information will be in effect until my child is no longer enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or unless otherwise specified below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I may revoke this authorization, in writing, at any time by sending written notification to Green Mountain Behavior Consulting, Inc.

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Name of Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name of Student (if over 18) Signature Date