



**LINDY KAHN ASSOCIATES, INC., *Certified Educational Planners***  
 6717 Vanderbilt, Houston, Texas 77005 Phone (713) 668-2609 Fax (713) 668-4551

**RELEASE of CONFIDENTIAL INFORMATION**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, the custodial parent and/or legal guardian of the above named student authorize the following professionals, institutions, and/or organizations to disclose to **LINDY KAHN ASSOCIATES, INC.**, any and all information pertaining to the mental health; psychological, psychiatric or educational evaluations or testing; treatment, assessment or counseling; and/or medical/dental history and scholastic records of the above named student for background information for use in developing an individual treatment plan and education plan. Lindy Kahn may disclose this information to any schools/programs or professionals involved in the placement of the above mentioned student.

I understand that these records are protected under Federal and specific state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (i.e. the provision of treatment upon consent to disclosure to third party payers).

This consent will remain in effect until it is canceled in writing by me. I further acknowledge that the information to be released was fully explained to me and this consent is given of my free will. I hereby request that the information be sent to:

**LINDY KAHN ASSOCIATES, INC., *Certified Educational Planners***  
**6717 Vanderbilt**  
**Houston, TX 77005**  
**Ph. (713) 668-2609 Fax (713) 668-4551**

\_\_\_\_\_  
 Signature of Student if 18 yrs. old

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
 Signature of Parent or Guardian

**PROFESSIONALS AND ORGANIZATIONS**

Name	Title	Name	Title
Ph.	Fax.	Ph.	Fax.
Email		Email	
Name	Title	Name	Title
Ph.	Fax.	Ph.	Fax.
Email		Email	
Name	Title	Name	Title
Ph.	Fax.	Ph.	Fax.
Email		Email	
Name	Title	Name	Title
Ph.	Fax.	Ph.	Fax.
Email		Email	
Name	Title	Name	Title
Ph.	Fax.	Ph.	Fax.
Email		Email	