Exceptional Learners Associates
Psychoeducational Assessment and Educational Advising

Authorization for Release of Information

This form, when completed and signed, authorizes the release of protected information.

From Outside Parties to Devon MacEachron, PhD

Mailing address:
Exceptional Learners Associates
71 East 77th Street, #7C
New York, N.Y. 10075

Student:
_____
DOB: _____

I, _____ hereby grant my permission for the release or exchange of information

From: _____ To: Devon MacEachron, PhD

This information may include: ☐ All relevant records and impressions
Ĭ
Other_____
_____

The following limits to this release apply: Ĭ No limits
Ĭ
Other_____
_____

Release valid to the following date unless revoked in writing: Ĭ 60 days from signature date
Ĭ Other date_____

I understand that I may refuse to authorize release of any information by withholding my signature.

Signature _____ Date _____

Relationship to student: Ĭ self Ĭ parent Ĭ guardian

Witness_____Date_____Ĭ No Witness Available

Notes: *1. You may cancel this authorization by submitting a letter in person or by mail.*
2. In most cases, you are not required to sign this form in order to receive services.

Authorization for Release of Information

This form, when completed and signed, authorizes the release of protected information.

From Devon MacEachron, PhD to Outside Parties

Student:
_____
DOB: _____

I, _____ hereby grant my permission for the release or exchange of information

From: Devon MacEachron, Ph.D. **To: _____**

_____

_____

This information may include: ☐ All relevant records and impressions

Ĭ
Other_____
_____

The following limits to this release apply: Ĭ No limits
Ĭ
Other_____
_____

Release valid to the following date unless revoked in writing: Ĭ 60 days from signature date
Ĭ Other date_____

I understand that I may refuse to authorize release of any information by withholding my signature.

Signature _____ Date _____

Relationship to student: Ĭ self Ĭ parent Ĭ guardian

Witness_____Date_____Ĭ No Witness Available

Notes: *1. You may cancel this authorization by submitting a letter in person or by mail.*
2. In most cases, you are not required to sign this form in order to receive services.