

# RELEASE OF INFORMATION

[This form is optional. Turn in only if you would like us to speak with the below mentioned organization/person]



I hereby authorize: \_\_\_\_\_  
(person or facility)

to release information from the records of \_\_\_\_\_ DOB: \_\_\_\_\_  
(participant's name)

The information is to be released to: \_\_\_\_\_  
(center or therapist's name)

for the purpose of developing an equine activity program for the above-named participant. The information to be released is indicated below:

- Classroom Individual Education Plan (IEP)
- Cognitive-behavioral management plan
- Individual Habilitation Plan (IHP)
- Medical history
- Mental health diagnosis and treatment plan
- Occupational therapy evaluation, assessment and program plan
- Physical therapy evaluation, assessment and program plan
- Psychosocial evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Other: \_\_\_\_\_

This release is valid for one year and can be revoked in writing at my request.

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Please send materials to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_