

Holman Family Services



Release of Information

I, _____, authorize Holman Family Services to release and receive
(client OR parent/legal guardian name)

information about _____ from/to the following agencies or people:
client name DOB

Provider / Organization Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Provider / Organization Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Please select the type of information to provide/ receive:

- Entire Record
- Academic testing results
- Intelligence testing results
- Medical reports
- Progress reports
- Psychological reports
- Psychological testing results
- Summary reports
- Vocational testing results
- Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: _____ Date: ____/____/____

Parent/guardian signature: _____ Date: ____/____/____

Please Mail or Email To:

Holman Family Services
3636 N. MacArthur Blvd #160
Irving, Texas 75062
info@holmanfamilyservices.com