



AUTHORIZATION TO SHARE INFORMATION & COLLABORATE WITH  
YOUNG PEOPLE'S LEARNING CENTER

I hereby authorize agents of Playful eMotion Family Resource Center to communicate and share information with agents of Young People's Learning Center in regards to my child and family.

This authorization includes:

- Observations in YPLC environments
- Therapeutic observations and perceptions
- Recommendations and/or potential supports
- Diagnostic data and results
- Other:

This authorization goes into effect on the date indicated below. Unless revoked, this authorization is valid for 12 months. I understand that I have the right to revoke this authorization at any time, in writing. My signature indicates that I understand and agree to the statements put forth.

\_\_\_\_\_  
Child's Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date