



Release of Information

I _____ hereby authorize the following organizations/entities to release information to Totally Social ASD:

I _____ hereby authorize Totally Social ASD to release information to the following organizations/entities:

Authorized person(s) at Totally Social ASD include:

- Rans Consulting, Christine Rans
- Sabra Evans Consulting, Sabra Evans
- 3M Consulting, Megan McQuillan

I understand that I may revoke this consent at any time in writing.

Client's Name/(Signature if 18 and older) _____

Parent or Guardian (if not client) _____

Signature _____

Date _____