

**University of Central Florida  
Center for Autism and Related Disabilities  
UCF-CARD**

12424 Research Pkwy Ste 365  
Orlando, FL 32826

407-823-6011/800 9-AUTISM  
FAX: 407-823-6012

**RELEASE OF INFORMATION FORM**

This release allows for UCF-CARD to exchange information regarding my son/daughter for purposes of documenting diagnosis, educational and treatment planning, and consultation with the following agencies, schools, and professionals specified below to the Center for Autism and Related Disabilities at the University of Central Florida/Orlando **(please check the options that apply to you):**

- Orange County Public Schools
- Seminole County Public Schools
- Osceola County Public Schools
- Brevard County Public Schools
- Volusia County Public Schools
- Lake County Public Schools
- Sumter County Public Schools
- Private/Charter School (Name & Number):\_\_\_\_\_
- Agency for Persons with Disabilities (APD)

- Doctors/Specialists (Names & Numbers):\_\_\_\_\_
- Therapists (Names & Numbers):\_\_\_\_\_
- Relatives: \_\_\_\_\_
- Others: \_\_\_\_\_

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

\_\_\_\_\_  
Date of Birth

I hereby attest I am legally authorized to grant consent and hereby authorize UCF-CARD to exchange information with the agencies, schools, professionals and/or others as specified above. I understand that I may revoke, in writing, all or part of this authorization at any time and that any further disclosure of client information is prohibited.

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

Date:\_\_\_\_\_