

University of Central Florida
Center for Autism and Related Disabilities
12424 Research Pkwy, Ste 365, Orlando, Florida 32826
Phone: 407-823-6011/800-9-AUTISM
Fax: 407-823-6012

Date: _____

RELEASE OF INFORMATION FORM

This authorization allows for exchange of information between the CARD and agencies, schools, and other professionals as specified.

I hereby authorize the following individuals/agencies:

To give diagnostic, assessment, and/or treatment reports and other pertinent information to the Center for Autism and Related Disabilities at the University of Central Florida/Orlando regarding:

Print Name

Date of Birth

I hereby authorize CARD to release information to:

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.

Signed: _____

Date: _____

Relationship:

___ Self

___ Legal Guardian

___ Power of Attorney