

**CHC LEARNING CENTER**  
A Program Of The Center For Handicapped Children, Inc.  
1085 Eggert Road  
Amherst, New York 14226  
Voice: (716) 831-8422  
Fax: (716) 831-8428  
Email: info@chcrainbow.com

**AUTHORIZATION FOR RELEASE OF INFORMATION**

CHILD'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby authorize:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

to share information about and disclose protected health information (information about the child and information from medical records) with CHC Learning Center, Inc. The information to be released will include:

\_\_\_\_\_

The Parent /Guardian understands the following:

- The Authorization for Release of Information may be revoked at any time.
- The authorization is signed freely.
- The Parent/Guardian has had the opportunity to review this authorization.
- The authorization releases all parties from any legal responsibility that may arise from this act.

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

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date