

**is currently receiving services**

CLIENT NAME

BIRTH DATE

**with**

**at**

PSYCHOLOGIST NAME

OFFICE ADDRESS

TELEPHONE

EMAIL

I voluntarily give permission for an exchange of information/records between the above named psychologist, and the Admissions Staff of:

The Nueva School  
6565 Skyline Boulevard  
Hillsborough, CA 94062  
Tel. 650-350-4528  
admissions@nuevaschool.org

The exchange of information will include relevant information to assessment, evaluation, diagnosis, and treatment and may include psychological reports and educational records.

This consent is subject to written revocation by the undersigned at any time by writing a note of cancellation and giving it to the above-named psychologist, except to the extent that action has already been taken in reliance thereon and, if not earlier revoked. This consent expires one year after the date below.

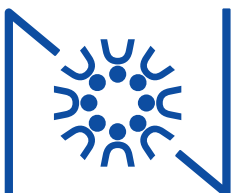
PARENT/GUARDIAN SIGNATURE

DATE

PSYCHOLOGIST SIGNATURE

DATE

Please provide a signed copy to the psychologist, and one signed copy to the Nueva Admissions Office.



If you have any questions, please do not hesitate to contact the Nueva Admissions Office at 650-350-4528 or by email at [admissions@nuevaschool.org](mailto:admissions@nuevaschool.org).