

**SHELTON EVALUATION CENTER**

6001 Summerside Drive, Suite 204

Dallas, Texas 75252

(972) 774-1772

**Release of Information Form**

Client's Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Please read this form carefully. By listing individual names and/or academic institutions below, the undersigned are authorizing the Shelton Evaluation Center to obtain and/or disclose information, either orally or in a written report, with the name(s) listed below. The information regards an evaluation conducted at the Shelton Evaluation Center, on the above named client, on the above named date.

After listing the appropriate names and addresses, sign this form and return it with your initial paperwork. If you do not wish for any information to be released and/or obtained before discussion with the evaluator, please return the form unsigned. If you have any questions, feel free to call

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

**\*For current students at the Shelton School**, I consent to the Shelton Evaluation Center to contact the teacher and/or school administrator of the above-named client to obtain Shelton academic and testing records and to request completion of teacher-report forms prior to testing. Please indicate your consent by checking yes or no.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**\*For current students at the Shelton School** – I request the Shelton Evaluation Center send a copy of the final report to the Shelton School.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZATION Date