



Autism Asperger
Syndrome Consulting
Group, LLC

RELEASE OF INFORMATION

I/We _____, authorize **Kerry M. Mataya, M.S.Ed.** and/or **AASCG, LLC Staff** to release
(Parents or Legal Guardian Name)

pertinent information regarding my/our child, _____, to the following people:
(Child Name)

_____	_____	_____
Name	Role	Company Name
_____	_____	_____
Name	Role	Company Name
_____	_____	_____
Name	Role	Company Name

I fully understand my personal rights and authorize this communication via phone, letter, e-mail, copy of files, and/or meeting.

_____	_____
Parent Signature	Date
_____	_____
Parent Signature	Date
_____	_____
Witness Signature	Date