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Founders
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Rudie Tretten

To maximize the effectiveness of our evaluations, we would like to have the ability to contact other professionals working with your child.

AUTHORIZATION TO EXCHANGE INFORMATION

I hereby authorize:

Pediatrician: _____
Name/Telephone Number

Therapist/Psychologist: _____
Name/Telephone Number

School (Teacher, School Psychologist): _____
Name/Telephone Number

Other: _____
Name/Telephone Number

To release and/or exchange any or all pertinent information relating to

_____ to the Morrissey-Compton Educational Center, Inc.
Student's Name

Parent/Guardian

Date