

Release of Information

I/we authorize The StudyPro to exchange with, release to, or receive from information concerning:

Name	TEST	Date of Birth
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With the following people, agencies or organizations:

Name / Org:	Phone:
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Name / Org:	Phone:
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Name / Org:	Phone:
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Comments or Limitations, if any:

I/we understand that the information will be used for professional purposes only, and will not be released to anyone else without written permission. I understand that I have the right to revoke this authorization, through written communication, at any time. I understand that if authorization is revoked, The StudyPro will contact the parties noted above in order to inform them of the change of consent. This consent will terminate with termination of service.

Parent/Guardian's Signature

Date