6020 W. Bancroft St. #351414

Toledo, OH 43635

Please complete the checkboxes and type or print the information in the underlined areas. By signing my name either electronically or physically below, I certify that I am legally authorized to grant access to the records of the client listed below. My signature on this release entitles the school, organization or individual listed below to share information, either verbal or written, with Bright Horizons Advocacy and Consulting, LLC.

This release covers the following information: (Please check all boxes below that apply)

Eligibility for services through the organization

Availability of funds for the individual from the organization

Diagnostic information

Benefits eligibility

Educational records

Services received

Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Client Name:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School or Organization/Individual Name (Permitted to share info with Bright Horizons):

Date of Release (Today’s date):

Date of Release Expiration (Within 1 year of today):

I understand that I may revoke this release in writing at any time before the release expiration date.

Name of Parent or Guardian Relationship to Client

Signature of Parent or Guardian Initials

**Please return this form by fax or email when completed and signed. Thank you. Bright Horizons.**