PHILLIPS
Programs for Children and Families

RELEASE OF INFORMATION

I authorize the release and exchange of information (written or oral) between:

_____
Name of Person, Agency or Organization

_____
Address

_____
Phone Number(s)

AND

PHILLIPS Programs ~ 11230 Waples Mill Road, Suite 100, Fairfax, VA 22030

In regard to:

_____ _____
Student's Name Date of Birth

This consent will be in effect as long as the student is enrolled at PHILLIPS.

_____ _____
Parent/Guardian Signature **Date**

_____
Relationship to Student