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\_\_\_\_\_  
Name of client

\_\_\_\_\_  
Date of birth

***Permission for Release of Information:***

I grant permission for Kingfisher Learning Services, Inc. to obtain from or disclose information (spoken or written) to:

Obtain:	Disclose:	Name:	Address:	Phone #
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

I understand that I may revoke this consent at any time by notifying the provider in writing, except to the extent that action has already been taken based on previous consent.

**I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS.**

*Signature of parent or guardian (if client is under 18).*\_\_\_\_\_

*Relationship to*

*client:*\_\_\_\_\_ *Date:*\_\_\_\_\_

*Signature of adult*

*client*\_\_\_\_\_ *Date:*\_\_\_\_\_