

The Pathway School

Permission to Release Information

I/we hereby give permission for the release of the following information on:

Name: _____

DOB: _____

SS#: _____

Education records: _____

Medical/Hospital records: _____

Results of testing: _____

Clinical/Psychiatric records: _____

Social service records: _____

Other: _____

Permission to engage in telephone communication (Provider to Pathway staff and vice versa): Yes _____ No _____

From: Name: _____

Address: _____

Phone: _____

To: The Pathway School

162 Egypt Road

Norristown, PA 19403

610-277-0660

Fax: 610-539-1493

Date: _____

Signed: _____

Address: _____

Relationship: _____