

PROJECT STAY
6700 SW Topeka Blvd.
Forbes Field Building 282
PO Box 19227
Topeka, KS 66619
Contact number: (785) 331-5018
Fax number: (877) 787-4966
email: info@projectstay.com

CONSENT FOR RELEASE OF INFORMATION

I/we, _____, hereby authorize Project STAY and the following individuals (listed below) to exchange information for the purpose of assisting Project STAY in completing an accurate functional behavioral assessment on _____.

Providers included in this release of information include:

Information may be exchanged:

(check one or both) _____ Verbally (and/or) _____ In writing

and may include pertinent information in the realms of behavioral, educational, medical, psychological, and social histories.

We understand that Project STAY and the named providers are to disclose ONLY the least amount of information necessary in order to achieve this purpose.

We understand that we may discontinue this agreement at any time by informing Project STAY or the providers in writing, that they no longer have our permission to exchange information with each other.

This release Expires at the end of the 20____ academic year.

Signature, relationship Date

Signature, relationship Date