

**AUTHORIZATION FOR RELEASE OF INFORMATION OR
INFORMED CONSENT**

I, _____ authorize Growth & Opportunity, Inc. to
release the following information or receive from _____
(Name of Sponsoring Agency)

current I.E.P. Vocational assessment, current Psychological, up to date Physical/Medical
report and Work program evaluation. This consent will be in effect as long as services are
provided or until program participant / guardian or _____
(Name of Sponsoring Agency)

terminates the contract.

Date issued: ____ / ____ / ____

Program Participant Signature DATE ____ / ____ / ____

Parent / Guardian Signature DATE ____ / ____ / ____

Witness Signature DATE ____ / ____ / ____