

**Authorization For Release of Information
Phone or Written**

I hereby authorize and request that

release to
and
receive from:

John R. Fleming, M.Ed., E.T.
Developmental Learning Solutions
700 Frederick St., Suite 204
Santa Cruz, CA 95062
(831) 429-5987
(831) 429-5993 Fax

All pertinent information and records concerning:

_____	_____
Client's Name	(Date of Birth)
_____	_____
Client's or Parent's Signature	(Date)
_____	_____
Witness Signature	(Date)