

PERMISSION TO EXCHANGE INFORMATION

Child's Name: _____ DOB: _____

Address: _____
Street City State Zip

Phone: _____
Home Parent's Work Phone

I, _____ (parent's name), give Tamaryn Kulman permission to obtain and exchange information and reports regarding my child with the persons or agencies listed below.

1. _____
Name (person or agency) Profession

Street Address (street, city, zip) e-mail Phone

2. _____
Name (person or agency) Profession

Street Address (street, city, zip) e-mail Phone

3. _____
Name (person or agency) Profession

Street Address (street, city, zip) e-mail Phone

4. _____
Name (person or agency) Profession

Street Address (street, city, zip) e-mail Phone

5. _____
Name (person or agency) Profession

Street Address (street, city, zip) e-mail Phone

Signature of Parent or Legal Guardian

Date