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Release of Information Form

I, _____, grant Florie Glusman, OTR/L permission to contact and/or release my child's report to the following therapist/agencies/individuals listed below.

Contact	Release Report	Individual/Agency	Address	Phone #	Email Address
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____ _____	() - _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____ _____	() - _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____ _____	() - _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ _____ _____	() - _____	_____

Parent/s Signature _____

Date _____