



1607 16th Street • Suite 100 • Santa Monica, CA 90404

Authorization for Release of Information

I, _____,
legal guardian of _____, do hereby authorize information to be released
regarding my child, named above. This letter authorizes information to be released in both directions: that is, to and
from parties regarding my child. Both oral and written reports and/or contacts are authorized.

Current request for information: _____

BETWEEN THE FOLLOWING PARTIES:

Name

Name

Address

Address

AND:
Carolyn McWilliams, M.A.
Educational Support Services LLC
&
Launch Education Group
1607 Sixteenth Street Suite 100
Santa Monica CA 90404
info@launcheducation.com
Fax: (888) 268-7813
Office: (310) 315-0800

Signature

Relationship to Child

Date