



COMPREHENSIVE LEARNING SERVICES

*1642 E. 56th Street,
#110
Chicago, Illinois 60637*

CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION

I give permission to Dr. Chrisna Perry and her associates of Comprehensive Learning Services to communicate and exchange information concerning my child

with (name the specific professionals and their contact information):

Any exchange of records authorized herein is required for the following purpose:

This authorization is valid until _____ (specify date or length of time).

Date

Parent or Guardian Signature