

ADHD Youth Coaching, LLC  
Coaching Teens and College Students with ADHD

## Permission to Obtain and Release Information

I hereby grant permission to Robyn Parks of ADHD Youth Coaching, LLC to request and obtain reports of psychological and psychiatric evaluations and/or medical, school, social, and/or other appropriate records pertaining to:

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Permission is also granted for Robyn Parks to share findings, reports, and/or other information that might be helpful in the understanding and coaching of this client with **designated\*** medical, psychological and educational or insurance professionals currently working with, or on behalf of, this client.

The signer recognizes and agrees that a copy of this form is an acceptable and binding document, and will serve as an original in any instance. This form will only be used with prior verbal authorization of the signer.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

\* Please list designated professionals and include phone and fax numbers:

- |    | Name | Address | Telephone | Fax |
|----|------|---------|-----------|-----|
| 1. |      |         |           |     |
| 2. |      |         |           |     |
| 3. |      |         |           |     |
| 4. |      |         |           |     |
| 5. |      |         |           |     |