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AUTHORIZATION FOR RELEASE OF INFORMATION

If you would like AppyTherapy to share information and consult with your child's other service providers, you please complete the following form.

Regarding _____, I give AppyTherapy permission to:
Child's Name

- provide information to,
- consult with,
- release reports to,
- observe my child at the _____ School.
Name of School

Name: _____

Email: _____

Phone #: _____

Address: _____

Signature of Parent/ Legal Guardian

Date