

Rosaura Raya-Markham, M. Ed.
Educational Therapist
(925) 322-5020
info@greataspirations-edtherapy.com

4125 Rita Drive
Martinez, CA 94553

PERMISSION TO RELEASE INFORMATION

I give _____, of _____
(Name) (Agency)

Permission to release information concerning _____ to
Rosaura Raya-Markham for the purpose of planning and implementing a program of
educational therapy. This may include test findings, evaluation reports, and other pertinent
educational, psychological, psychoeducational, neuropsychological, or medical information.

Signed

Relationship (parent, guardian)

Date

