

Tracking Number:

Integrated Clinic for Behavioral and Learning Evaluation  
Integrated (CBLE)  
College of Professional Education  
Texas Woman's University  
Denton, TX 76204

**Release of Information Form for Minors**

Date of Consent \_\_\_\_\_

Date Consent Expires \_\_\_\_\_

My signature on this form gives the Integrated Project staff permission to contact the professionals I have listed below for the purpose of their gaining information about my minor child.

Child:

Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of School:

Name of Professional:

Relationship to child (teacher, doctor):

Phone:

Email:

Name of Professional:

Relationship to child (teacher, doctor):

Phone:

Email:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

Mailing address

City, State and Zip