



Disclosure Statement

Young Adult

Date _____

To Whom It May Concern:

I and/or my parent(s)/guardian(s) have engaged Dobson Educational Services, Inc. (DES) to assist us in finding the most appropriate educational or therapeutic setting for me, an individual over 18. In order to facilitate this process, I hereby expressly give permission for the release and dissemination of any and all information and records pertaining to me to Dobson Educational Services, Inc. and/or to schools, programs, and other organizations or as may be requested by DES professionals. These records may include but are not limited to: academic records, transcripts and school reports, standardized testing results, psychological evaluations, teacher comments, and counseling notes.

In addition, I grant permission for designated teachers, counselors, therapists, and other professionals to communicate directly with DES and to provide them with any information they may request or which such professionals believe important or helpful.

It is understood that any information or documentation disclosed pursuant to this release will only be used to facilitate the process of finding the most appropriate educational or therapeutic setting for me, and shall remain confidential and used in a manner that insures the continued protection of my rights. I grant DES permission to share any or all of this documentation and information with any schools or programs that DES deems as appropriate.

This authorization shall remain in effect for two years unless revoked by me in writing. A photocopy of this authorization shall be considered as valid as the original.

Signature _____

Printed Name _____

PA Office (Jody Dobson) 8238 Germantown Avenue, Philadelphia, PA 19118
Phone: 215-242-3587 / Fax: 215-242-3588 / Email: JPD@dobconsult.com

NJ Office (Ruby Laufer) Little Silver, NJ 07739
Phone: 732-804-4919/ Email: RJL@dobconsult.com