



WEAVER CENTER

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www.weavercenter.org

AUTHORIZATION TO RELEASE INFORMATION

Name of Client: _____ **Date:** _____

Relationship of person completing this form to client: (check one)

_____ **Self** _____ **Parent** _____ **Guardian**

.....
I hereby authorize Weaver Center to release information to the person/organization listed below:

Name: _____ **Relationship to Client:** _____

Institution: _____

Address: _____

Phone: _____ **Email:** _____

Restrictions: _____

.....
I hereby authorize the person/organization listed below to release information to Weaver Center.

Name: _____ **Relationship to Client:** _____

Institution: _____

Address: _____

Phone: _____ **Email:** _____

Restrictions: _____

Signature: _____

Print Name: _____