

**University of Central Florida  
Center for Autism and Related Disabilities**

12001 Science Drive Suite 145  
Orlando, Florida 32826  
Phone: 407-737-2566/888-558-1908  
Fax: 407-737-2571

Date: \_\_\_\_\_

**RELEASE OF INFORMATION FORM**

This authorization allows for exchange of information between the CARD and agencies, schools, and other professionals as specified.

I hereby authorize the following individuals/agencies:

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To give diagnostic, assessment, and/or treatment reports and other pertinent information to the Center for Autism and Related Disabilities at the University of Central Florida/Orlando regarding:

\_\_\_\_\_  
Child's Name

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

I hereby authorize CARD to release information to:

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I understand that I may revoke, in writing, all or part of this authorization at any time and that any further disclosure of client information is prohibited.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_