

Peake Childhood Center  
1306 Thomas Street  
Hampton, Virginia 23669  
Telephone: 757-825-6200

## AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION WITH PCC

**RELEASE INFORMATION TO and FROM:**

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I request and authorize that the following information on:

**STUDENT INFORMATION**

LAST NAME:	FIRST:	MIDDLE:	DATE OF BIRTH:	GRADE:
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- Medical Records
- Psychological Evaluation/Reports
- Speech-Language Evaluation/Reports
- Occupational Therapy Evaluation/Reports
- Physical Therapy Evaluation/Reports
- Social History/Sociocultural Information/Reports
- Educational Evaluation/Reports
- Individualized Education Plan (IEP)
- Eligibility Minutes
- Other: \_\_\_\_\_

To be released and exchanged with Downtown Hampton Child Development Center

The purpose of this release is for

- Coordination of Services
- Educational Programming
- Progress Update

This authorization will expire 365 days following signature.

The release and exchange of information is authorized for the following locations:

**Peake Childhood Center**  
1306 Thomas Street  
Hampton, VA 23669  
(757) 825-6200

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the individual who is in possession of my records.