

Melanie L. Watson, Ph.D.
Fl. Licensed Psychologist Fl PY 8772

1801 North Meridian Road, Suite B
Tallahassee, Fl. 32303

melanie@watsonpsychological services.org
Office: 850-591-3301

Child's name _____

PERMISSION TO TEST AND EXCHANGE INFORMATION

As part of the evaluation process, it may be necessary to speak with and/or exchange information with school personnel, medical professionals, local or state agencies, or individuals who have served your child.

Please list below those individuals or groups with whom I may request and/or exchange information concerning your child.

1.
2.
3.
4.

By signing below, you indicate that you are the legal guardian of the referred child, that you have read and understand the information, that you give permission to exchange information with the listed schools/agencies/individuals, and that you grant me permission to evaluate your child.

Signature of Parent or Legal Guardian:	Date:
---	-------

Print Name: