

Better Mood Clinic of South Georgia (BMC of SGA), LLC
2935 N. Ashley St., Building F
Valdosta, GA 31602
Phone (229) 333 - 2273
Fax: (229) 506 - 5403

Authorization request to RECEIVE Educational Records

Please print the following information.

Patient (legal name): _____ Patient phone: _____

Address: _____ Date of Birth: _____

_____ ID #: _____

I authorize the BMC of SGA to receive the following **Educational** records from:

School: _____

Address: _____

Phone: _____ Fax: _____

- _____ Cumulative Grades/Report Cards (for *complete* academic history)
- _____ Psycho educational Reports
- _____ Individual Education Plan (IEP; *most current* only)
- _____ Behavioral Records
- _____ Other records or notations that would enhance understanding of the patient's academic and/or behavioral adjustment (Records of demographic data, vision/hearing screens, etc. are not requested.)

I request and authorize _____ (name of school official) to complete the following behavioral checklists and to release this information to the BMC for its use in the assessment and diagnostic formulation of the patient:

- _____ Attention Deficit Disorder Evaluation Scale, School Version
- _____ Vanderbilt Teacher Behavior Evaluation Scale
- _____ Teacher/Counselor Questionnaire
- _____ Other: _____

Name of Patient's Parent or Guardian

Signature of Patient's Parent or Guardian

Date