Creative Potential, LLC
912 Norwich New LondonTpk.#5
Uncassville, CT. 06382
p-(860)848-0514, f-(860)-848-0523
www.Creativepotentialllc.com

AUTHORIZATION FOR THE RELEASE OF INFORMATION FROM
CREATIVE POTENTIAL, LLC

_____, authorize
(name of person granting permission)

Creative Potential, LLC, 1031 Norwich New London Tpk. Unit 10 Unicasville, CT. 06382 to disclose to

_____information/records pertaining to
(**name and address of person, institution, or organization)**

_____.
(**name and DOB of person who is the subject of the record/info**)

Type of records/information to be released (**check all that apply**):

☐ Psychiatric ☐ Psychological ☐ Scholastic/Academic ☐ Medical

☐ Other (please explain: _____)

Purpose of authorization/disclosure:

_____

The nature and extent of the information to be disclosed is the entire record unless otherwise specified below:

_____

This authorization, if not cancelled, will expire on _____or in one year, whichever occurs first.
(**Date**)

I understand that refusal to sign this authorization form will not affect my right to obtain present and future services, except where disclosure of the records requested is necessary for services. I also understand that I may revoke this authorization by notifying Creative Potential or the named recipient in writing. A revocation of this authorization will not apply to any records disclosed before the authorization is revoked.

_____ _____
Signature of person authorizing disclosure or authorized representative Date

Check if this form has been signed by a person other than the subject of the record:

☐ Parent/guardian ☐ Attorney ☐ Other (**explain:** _____)