

# Authorization for Release of Records

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], authorize the release of my autism spectrum assessment records.

This authorization is given to [Name of the Individual/Organization] located at [Address of the Individual/Organization]. I understand that these records are confidential and will only be shared with the aforementioned party.

Please release the following records:

- Assessment Reports
- Evaluation Results
- Related Documentation

This authorization is valid until [Insert Expiration Date].

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]