



## Authorization to Release Information

Applicant Name \_\_\_\_\_

Applicant Date of Birth \_\_\_\_\_

Name(s) of Agency, High School, Professional, Medical (all that apply)

---

---

---

---

The LSU Integrative Community Studies Program requests the following information regarding the aforementioned person to aid in providing quality services:

- Medical Information: diagnostic information, current medications, treatment history, assessments/Evaluations
- Individual Education Plan (IEP)
- Educational Assessments/1508 Evaluation
- Employment Assessment (Louisiana Rehab. Services)
- Psychological Information: diagnostic information, current medications, treatment history, assessments/Evaluations
- Individual Transition Plan for Employment
- Social (c)4 lo- Tf70 Td [(So3(o- Tf7n)6 (t)6 ( l)3 (n)6.1 (f)26 (o)-2 (r)10o3(a)]TJ /C2\_2 1 Tf 0 Tc 0 Tw