

Kornreich Technology Center

-- THIS FORM TO BE COMPLETED BY PAYER ONLY -- RELEASE OF INFORMATION FORM

The Kornreich Technology Center normally exchanges information about a consumer's service here only with the person or agency financially responsible for those services. Written reports will be sent to that person or agency. The financially-responsible party should complete the relevant lines below, and sign the form.

Date: _____ Consumer's name: _____

Do not share information with anyone but the party financially responsible.

OR

I give permission to the Nathaniel H. Kornreich Technology Center at Abilities! to release any necessary information or records concerning assistive technology services received at the Kornreich Center to:

Consumer/parent/family member Address: _____

Name, relationship: _____

School/district staff: _____ Address: _____

Name or title of person: _____

Vendor designated to provide recommended products

Other: _____ Address: _____

I, or the agency I represent (_____) am financially responsible for the services provided to this consumer.

Signature: _____ Date: _____

Print name clearly: _____

Title within paying agency: _____

Special instructions or limitations (if any): _____
