



Release of Information

The confidentiality of personally identifiable information is required under Benhaven’s policies and procedures. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes, policies, and procedures.

I, _____, give permission for _____ to
(Individual/Parent/Guardian) (Organization Releasing Information)

release information to Benhaven Inc. 187 Half Mile Road. North Haven, CT.

06473, regarding _____. This includes the
(Individual’s Name)

following information; Official Administrative Records, Special Education Records, Teacher and Counselor Observations and Ratings, Psychiatric/Psychological Health Records, DDS/DCF Records.

Signed: _____ Date: _____
(Individual/Parent/Guardian)

Address: _____