

**LESLIE LOBEL CONSULTING, LLC**

Authorization for Release of Medical and Educational and Insurance Information

I hereby authorize the provider/ school/insurer named below to release information from my child's medical or educational records to:

Leslie Lobel  
Leslie Lobel Consulting  
Phone (310) 625-3787  
Email llobelcanhelp@gmail.com

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Name of Provider/ School/ Insurer Address/Phone/Email	Practice Area / School/ ID # Name of Insured	Dates of service or coverage

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_