

Avery-Fuller-Welch Children's Foundation
1660 Bush Street, Suite 300 * San Francisco, CA 94109 * Phone: (415) 561-6540

PARENT/GUARDIAN RELEASE OF INFORMATION
AND AUTHORIZATION OF APPLICATION

In order for the Avery-Fuller-Welch Children's Foundation to evaluate grant applications it is necessary for schools, therapists, and treating physicians or professionals to provide the foundation with tests scores and other relevant information regarding the child's situation.

Schools, therapists, and physicians are also required to provide the foundation with follow-up evaluations on the progress of grant recipients.

This information will be held in strict confidence at the Avery-Fuller-Welch Children's Foundation.

By signing this form I agree that any information regarding my child, _____,
may be provided to the Avery-Fuller-Welch Children's Foundation. *(child's name)*

Furthermore, by signing this form, I authorize _____
(organization or professional submitting the application)
to submit my child's application to the Avery-Fuller-Welch Children's Foundation.

Signature of Parent or Guardian

Date