



SEABROOK McKENZIE CENTRE

SPECIALISTS IN SPECIFIC LEARNING DISABILITIES

68 London Street, Richmond, Christchurch 8013 Phone: (03) 381 5383 Email: info@seabrookmckenzie.net

Consent to Disclose Assessment Report(s)

Consent to disclose assessment report (please complete the appropriate section).

Section A (applicable to parents and legal guardians)

I/We, _____
(Name(s))

are the parent(s) or legal guardian(s) of: (insert name of person) _____,

date of birth (insert person's date of birth): _____ (the "Client") and I/we consent to

the release of the Client's Seabrook McKenzie Centre assessment report(s) to:

Name: _____ Organisation: _____

Phone Number: _____ Email address: _____,

and/or Postal Address: _____

Date: _____

Signed: _____

Signed: _____

Name: _____

Name: _____

Section B (applicable if you are over 16 years old and are the person that was assessed)

I, (insert your name) _____, date of birth (insert your
date of birth) _____, am the Client of Seabrook McKenzie, and I consent to the release
of my Seabrook McKenzie Centre assessment report to:

Name: _____ Organisation: _____

Phone Number: _____ Email address: _____,

and/or Postal Address: _____

Date: _____

Signed: _____

Name: _____

Please email the completed form to info@seabrookmckenzie.net