



# 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 Information and/or Report(s)

**Consent to disclose assessment information and/or release of report(s)** (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: \_\_\_\_\_ (the "Client")  
(Name of child)

and I/we consent for Seabrook McKenzie Centre to discuss assessment information and/or release of 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 18 years old and are the person that was assessed)

I, \_\_\_\_\_ am the Client of Seabrook McKenzie,  
and I consent for Seabrook McKenzie Centre to discuss assessment information and/or release of report(s)  
to:

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_,

and/or Postal Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Please email the completed form to info@seabrookmckenzie.net