

Susanne Smith Roley OTD, OTR/L, FAOTA  
Susanne M. Smith, Inc.  
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## **Authorized Representative Authorization of Release of Information and Records**

**I/We, Parents/Conservator/ Legal Guardians of  
(CHILD'S NAME)** \_\_\_\_\_

Request that Susanne Smith Roley, her staff, representatives, and authorized agents (hereafter "Dr. Smith Roley"), to act upon my/our behalf regarding my/our son/daughter,  
**(CHILD'S NAME)** \_\_\_\_\_

We hereby authorize your department to speak with Dr. Smith Roley and release any or all information pertaining to  
**(CHILD'S NAME)** \_\_\_\_\_

Moreover, I/We, the Parents/Conservator/Legal Guardians hereby authorize  
**(SCHOOL OR AGENCY'S NAME)**  
\_\_\_\_\_

to disclose to and provide copies to Dr. Smith Roley, her staff, representatives, and authorized agents any and all records concerning

**(CHILD'S NAME)** \_\_\_\_\_

including investigative reports, incident reports, police reports, accident reports, medical records, psychiatric records, hospital records, x-rays, statements of charges for services rendered, education and school records, business records, public or confidential records, or any information regarding treatments, or hospitalization or care.

A photocopy or electronic copy of this authorization has the same effect as the original.

I/We understand that this authorization, except for action already taken, is subject to revocation at any time.

Signed: \_\_\_\_\_  
(parent, conservator or guardian)

Singed: \_\_\_\_\_  
(parent, conservator or guardian)

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