



Pacific Learning Centers, Inc.  
14550 Westminster Way N  
Shoreline, WA 98133  
425-672-6805  
www.plcnw.org

## Authorization For Exchange Of Professional Information

I hereby authorize and request the exchange of medical, psychological, educational, and/or other professional information between Pacific Learning Center NW, LLC and

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Date: \_\_\_\_\_ Fax: \_\_\_\_\_ Voice: \_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

\_\_\_\_\_  
Street Address/City/State/Zip

\_\_\_\_\_  
Telephone