

To

The Educational Psychology Service Tel-Aviv Yafo

Dear Sir or Madam,

Waiver of confidentiality – psychological information disclosure authorization

We the undersigned, parents of the student (or legal guardian in the absence of parents):

Child's details

First and last name _____ ID number _____
date of birth _____

Name of attending school _____ grade _____

Parent's details

Name of parent _____ ID number _____

Hereby authorize the Educational Psychology Service (EPS) of Tel-Aviv Yafo to disclose any information necessary to determine method of treatment for our son/daughter mentioned above to _____

To this end, we hereby relieve the EPS of its legal duty of confidentiality.

Sincerely,

Parent signature _____ date _____

Parent signature _____ date _____

