



Toward Independent Living & Learning, Inc.  
20 Eastbrook Road  
Dedham, MA 02026  
(781) 302-4600

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**IN-HOME BEHAVIORAL SERVICES**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, grant TILL, Inc.'s staff permission to contact  
*Parent's Name*

\_\_\_\_\_ for information pertaining to my child,  
*Institution or other*

\_\_\_\_\_.  
*Child's Name*

I hereby consent to this release of information. I give this consent voluntarily, without threat of punishment or promise of special reward. I have been given the opportunity to have my questions answered. I have also been offered a copy of this form. I understand that I may withdraw consent at any time without fear of punishment.

\_\_\_\_\_  
*Signature of Parent and/or Legal Guardian* Date

\_\_\_\_\_  
*Signature of TILL Staff* Date

\_\_\_\_\_  
*Position*