



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

TILL ABA 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