



Martinez Advocacy

Helping families navigate special education

Authorization Form

I _____, authorize Monica Martinez, M.A. to exchange information about my child _____ with the following professionals:

	Name	Telephone Number	Email Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Signature

Date

Printed Name