



SOONER *SUCCESS*

Serving, Supporting, Building *Inclusive* Communities

Deana Wilson, Garfield/Kay Counties Sooner SUCCESS Coordinator

deana-wilson@ouhsc.edu 580-366-9606

AUTHORIZATION FOR RELEASE OF INFORMATION

I give permission to: _____ and/or their authorized representative to initiate and/or contact Sooner SUCCESS regarding my child _____ and/or myself regarding educational and/or medical information.

Signature of Parent, Guardian, or Self

Date

Family Information (Please Print):

Name _____ Day Phone _____

Address _____ Email _____

City _____ Zip _____

Child's Name _____ Date of Birth _____

Child's Disability/Special Needs _____

Suspected ____ or Diagnosed ____

Additional information that might be helpful or questions you may have:

Return form to Deana Wilson

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