



SOONER *SUCCESS*

Serving, Supporting, Building *Inclusive* Communities

Janet M. Wilson, Canadian & Grady Counties Sooner SUCCESS Program Coordinator/Region 2 Parents with Disabilities Team Leader

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AUTHORIZATION FOR RELEASE OF INFORMATION

I give permission to: _____ and/or their authorized representative to initiate and/or contact Sooner SUCCESS and/or the PwDRT 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 _____

Sooner Care # _____ Best time to contact _____

Address _____ Email _____

City _____ Zip _____

Child's Name _____ Date of Birth _____

Child's Disability/Special Needs _____

Suspected ___ or Diagnosed ___

Parent Disability/Special Needs _____

Suspected ___ or Diagnosed ___

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

Return form to Janet Wilson

Janet-m-wilson@ouhsc.edu, 11301 S. Mustang Rd. Mustang, Ok. 73064 or call 405-595-1958 for pick up