



SOARING SKILLS LLC

Authorization to Exchange Records

919 Hoeschler Drive, Sparta, WI 54656 | 608-855-4004 | kmoran@soaringskills.com

PARTICIPANT INFORMATION

PARENT/GUARDIAN FIRST NAME	PARENT/GUARDIAN LAST NAME
CHILD'S FULL NAME	ADDRESS & PHONE NUMBER

RECORDS TO BE EXCHANGED BETWEEN

ORGANIZATION A

Soaring Skills LLC

919 Hoeschler Drive
Sparta, WI 54656
608-855-4004
kmoran@soaringskills.com

OWNERS

Kasie Moran, Michael Elliott, Amanda Elliott

ORGANIZATION B (AUTHORIZED TO EXCHANGE RECORDS WITH)

Name of school / district / clinic / provider

Address

Phone number

Contact name (if applicable)

SCOPE OF RECORDS AUTHORIZED FOR EXCHANGE

I authorize the organizations named above to exchange educational, developmental, behavioral, psychological, medical, and other records related to my child, including but not limited to the most recent IEP, IFSP, 504 Plan, evaluations, assessments, therapy records, and progress reports, as applicable.

Release valid from

Release valid to

SIGNATURE

Parent/Guardian signature

Printed name

Date