

**COLLABORATIVE MODEL FOR COMPETENCE AND SUCCESS
CONSENT AND AUTHORIZATION TO RELEASE INFORMATION
(COMPASS Profile)**

By signing this Consent and Authorization to Release Information, you acknowledge and agree as follows:

- 1) That you authorize completion of the Collaborative Model for Competence and Success ("COMPASS") Profile for the individual identified below; and
- 2) That the COMPASS Profile will be used to conduct a consultation for intervention planning with the staff at _____ (Name of Agency); and
- 3) That you authorize disclosure of the COMPASS Profile to the developer of COMPASS, Lisa Ruble, PhD, for purposes related to the COMPASS consultation.

Name of individual for whom the COMPASS Profile is being completed:

Last Name: _____

First Name: _____

Initial: _____

Birthdate: _____

Parent/Guardian Name: _____

Your signature below indicates that you have read and understand this Consent and Authorization to Release Information, and that you authorize release of the COMPASS Profile information as described above.

Signature

Date

Printed Name

Relationship to Person