



**NICOLE HODGE AMEY.**  
**ATTORNEY**

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CONSENT TO ASSESS and SHARE INFORMATION

I, \_\_\_\_\_ (parent/guardian/conservator) understand that my child may be evaluated by one or more professional assessors. I also understand that HODGE LAW FIRM may consult with one or more Evaluators/Assessors in connection with the legal representation of my child. I hereby give my permission to HODGE LAW FIRM to share with the Evaluator/Assessor my child's school records, medical and other information necessary for consultation and evaluation.

Name of Child: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Conservator

\_\_\_\_\_  
Date