

AUTHORIZATION FOR MEDICAL REPORTS & RECORDS

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish to CAMBRIDGE INTEGRATED SERVICES GROUP, INC.
AND SOUTHWEST COOK COUNTY COOPERATIVE ASSOCIATION FOR SPECIAL
EDUCATION

any reports or information whatsoever they may request regarding the medical history,
physical condition and treatment rendered _____

and, if requested, to permit them or any person appointed by them, to examine any and all x-
ray pictures or records, regarding the physical condition of or treatment rendered to

Signature

Witness