



Autism Asperger
Syndrome Consulting
Group, LLC

LIABILITY RELEASE
Communication between Parents

I have a child with Asperger Syndrome, and am interested in helping others in my school and/or school district or other similarities (gender, age, interests) as my child.

Please initial and provide appropriate information below.

Initials

	You can give someone my information: Name: _____ Email Address: _____ Phone Number: _____
	Please give me their information and I will get a hold of them.
	Please call me before giving someone my information.

I have initialed and provided the information that I am comfortable disclosing.
No pressure was on me to sign this document.

Name

Date

Mail or fax to: **AASCG, LLC**
3979 Parkwood Road, Suite 115-144
Bessemer, AL 35022
(866) 477 - 9816 fax