



COLLABORATIVE
ACADEMIC
TESTING
SERVICE, P.A.

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Dallas, Texas 75231

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Authorization to Release CATS Evaluation to Third Party

(Please print all answers except the signature)

Child's Name: _____

Date of Birth _____

Approximate Date of Testing: _____

Parent/Legal Guardian Name(s): _____

Phone Number: _____

E-Mail Address: _____

I give my consent for the Collaborative Academic Testing Service, P.A. to release the results of the full CATS Evaluation to the following: (Please provide name and email and/or mailing address if not one of our participating schools. We are unable to fax evaluations. Please note that an administrative fee* of \$15 will apply to each school that is not contracted with CATS and other professionals.) If we send the report by email, it is sent secured by Virtru.

Parent/Guardian Signature _____

Date _____

Please complete this form including signature and date, and email this form to the CATS at admin@catstexas.com. *You will receive an invoice by email for any amounts due.