



COLLABORATIVE
ACADEMIC
TESTING
SERVICE, P.A.

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Dallas, Texas 75251

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Authorization to Release CATS Evaluation to Third Party

Child's name: _____

Date of Birth: _____

Parent or Legal Guardian
Name(s): _____

Phone Number: _____

Email
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 complete mailing address if **not** one of our participating schools. We are unable to fax evaluations.

Parent/Guardian

Signature: _____ Date: _____

Please complete this form, including signature and date, and return to catsmail@sbcglobal.net or to the address listed above.