



ECONOMOU LAW GROUP, INC.
536 E. ROWLAND STREET, SUITE B
COVINA, CA 91723

(626) 765-9607 PH
(626) 765-9609 FAX
WWW.ECONOMOULAWGROUP.COM

At Economou Law Group, we feel that providing families with guidance and advice for their children is our most important responsibility. To achieve this, we offer each and every client a free comprehensive educational file review and parent consultation.

While other law firms offer free consultation, it usually is simply an appointment for 30 minutes to 1 hour without having looked at any educational records, or only a child's most recent IEP. However, we at Economou Law Group feel that it is extremely important to review a child's full file to get a thorough picture of their needs, and it allows us to see how a school district has responded before we speak with parents. There is no time limit to our consultation with you. As long as we can mutually answer each other's questions, we can then formulate advice and a plan for parents going forward. We offer this not only to possibly obtain clients, but more importantly to help parents and families with their educational concerns.

In order to begin the process, we ask that you please fill out the **Client Information** and **Authorization for the Release of Information** forms in their entirety, sign and date the Authorization, and send both back to our office. The Authorization will allow our office to request your child's school records. Once we have the records, an attorney will organize and review them and will contact you for consultation, either in person or by phone, whichever is more convenient for you.

If you have questions or concerns at all regarding the offer or process, please call our office at (626) 765-9607, or e-mail eli@economoulawgroup.com.

Thanks again, we are very glad that you have chosen to take advantage of our offer and we look forward to working with you and your family.

Sincerely,

Eli Economou

CEO/ Managing Partner



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AUTHORIZATION FOR THE RELEASE OF EDUCATIONAL INFORMATION

I, _____, the undersigned, residing at:
(Name of Parent/Educational Rights Holder)

(Street Address, City, State, and Zip)

hereby authorize ECONOMOU LAW GROUP, INC. (including Elias R. Economou, Attorney at

Law and his designees) to represent, _____,
(Name of Minor)

_____, with respect to all educationally related issues.
(Minors Date of Birth)

I further authorize any person, insurance carrier, health service organization, mental health service provider, state, county or local government agency, school, university, corporation, or other entity to release to ECONOMOU LAW GROUP, INC. (including Elias R. Economou, Attorney at Law and his designees) and any and all information and documentation within their possession pertaining to the individual represented. This includes, but it not limited to:

- Legal records/reports;
- Academic records/reports;
- Medical records/reports;
- Billings;
- Correspondence relating to such academic, financial, medical, therapeutic, psychological, psychiatric, mental health, social, vocational, rehabilitation services, etc.

I understand and agree that this authorization, except for action already taken, is subject to revocation by me at any time subsequent.

I understand and agree that a photocopy and/or facsimile of this authorization has the same effect as the original.

In signing this document, I assert that I am parent/guardian/conservator/educational rights holder of the individual minor whose name appears above for purposes of authorization. I understand and agree that this release encompasses those records falling within the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232 (g); 34 C.F.R. Part 99 and the Health Insurance Portability and Accountability Act (HIPAA)).

Date

Printed Name of Authorizing Individual

Signature of Authorizing Individual



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CLIENT INFORMATION

Date: _____ Grade of Student: _____

Student Name: _____ Date of Birth: _____

Sex: _____ Age: _____ School: _____ District: _____

Prior School(s): _____

Known Disability(s): _____

Mother: _____ Father: _____

Primary Language Spoken by Parents: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ Additional Contact #: _____

HOW DID YOU HEAR ABOUT OUR OFFICE? _____

HAVE YOU EVER FILED FOR A DUE PROCESS HEARING? YES ___ NO ___

IF YOU HAVE FILED, DATE OF FILING? _____

DO YOU HOLD EDUCATIONAL RIGHTS FOR THE ABOVE NAMED MINOR? YES ___ NO ___

HAVE YOU EVER HAD AN EDUCATIONAL ATTORNEY? YES ___ NO ___

BRIEFLY EXPLAIN WHY YOU MIGHT REQUIRE LEGAL REPRESENTATION (USE BACK OF FORM OR
ADDITIONAL PAPER IF NECESSARY):

