



## Family Notification Form

From time to time, the Great Lakes Center for Autism Treatment and Research (GLC) would like to notify family members via email of upcoming events, program announcements, and etc. In an effort to keep your information current, please complete this form and return it to the center. GLC will use the mailing address in the child's file if we need to send items via postal mail.

Date: \_\_\_\_\_

Name of consumer : \_\_\_\_\_ Date of birth: \_\_\_\_\_

Outpatient Program:    HAC - Portage                      LAC - Galesburg

---

① Family Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

---

② Family Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I do not wish to provide an email address at this time

Name: \_\_\_\_\_ Date: \_\_\_\_\_

