



Date: _____

1. _____
(Individual/Agency)

(Address) (Phone number)
2. _____
(Individual/Agency)

(Address) (Phone number)
3. _____
(Individual/Agency)

(Address) (Phone number)
4. _____
(Individual/Agency)

(Address) (Phone number)
5. _____
(Individual/Agency)

(Address) (Phone number)

Subject to the following limitations and exclusions:

I understand that I may revoke this consent at any time by informing the above parties in writing.

Client signature (if appropriate)

Date

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Signature of Witness

Date

This release of information remains in effect for one year from the date of signature unless otherwise notified.