

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize _____

I do hereby release information on:

(Client)

To:

(Name of organization to whom information is to be sent)

At _____
(Address)

Description of Information to be Disclosed:

Statement of Purpose/Need for this Information:

Lana L. Jones Ph.D. LMFT
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Client or Guardian _____ Date _____

Witness _____ Date _____

This consent shall be valid until _____ (date)