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AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

Client Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

I authorize Erin Welsh to obtain/release client information and communicate with:

Name: _____ Address: _____

Title: _____

Phone Number: _____ Fax Number: _____

I understand that all information is confidential and cannot be released without consent from the parent or legal guardian.

Date: _____ Parent/Guardian Signature: _____