

## AUTHORIZATION FOR RELEASE OF AND OBTAINING INFORMATION

I, the undersigned, \_\_\_\_\_ authorize Adrienne Durst M.A

### TO RELEASE INFORMATION

To a specific establishment or professional (Please provide name, phone & fax number)

\_\_\_\_\_  
\_\_\_\_\_

To another person (Please provide name, phone and fax number)

\_\_\_\_\_  
\_\_\_\_\_

### TO OBTAIN INFORMATION

From a specific establishment or professional (Please provide name, phone & fax number)

\_\_\_\_\_  
\_\_\_\_\_

From another person (Please provide name, phone & fax number)

\_\_\_\_\_  
\_\_\_\_\_

Name & Signature: \_\_\_\_\_

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