

Christina Navarro, Ed.D.
Parent Educator

Authorization for Release of and/or Exchange of Information

Please print:

Child's Name

Child's Date of Birth

NAME OF PERSON OR AGENCY PERMISSION IS GRANTED TO SHARE INFORMATION WITH:

MICHELLE FORRESTER, PH.D. AND DIANE BARGHI, LPC
Name

713-598-3559
Phone Number

9601 Katy Frwy, Ste. 420
Address

Houston, TX 77024
City, State, and Zip Code

I, _____, hereby give Christina Navarro, Ed.D. permission for the mutual exchange of pertinent information regarding my child/family with the above named person/agency, including academic, social, medical, psychological, and/or psychiatric information.

Signature

Date

Relationship to Child

Phone Number

Address

City, State, and Zip Code

THIS CONSENT EXPIRES ONE YEAR FROM DATE SIGNED, UNLESS AN EARLIER EXPIRATION DATE IS ENTERED HERE _____.