
Authorization for Release of and/or Exchange of Information

Child's Name

Child's Date of Birth

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

MICHELLE FORRESTER, PH.D.

Name

713-598-3559

Phone Number

9601 Katy Fwy, Suite 420

Address

Houston, TX 77024

City, State, and Zip Code

I, _____, hereby give Diane D. Barghi, M.Ed., LPC 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 _____.