

## AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I, \_\_\_\_\_ hereby authorize

Tarra Judson Stariell, Licensed Marriage, Family Therapist, to release/obtain

Information to/from

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Name

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Address

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City

State

Zip

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Phone

FAX

This information will be released for the purpose of case consultation and/or \_\_\_\_\_

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I understand that I may revoke this consent to release/obtain information at any time, except to the extent that action has already been taken for the purpose(s) specified above.

This consent will be valid from \_\_\_\_\_ to \_\_\_\_\_.

You may receive a copy of this authorization upon request.

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Client's signature

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Parent or guardian of minor client

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Date

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Witness: Name and title