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AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE DENISE HAWKINSON, PH.D., TO RELEASE AND EXCHANGE INFORMATION CONCERNING MY CASE WITH:

Name

Phone

Address

(Check One)

No Limit Release _____

Such disclosure shall be limited to the following specific types of information:

This consent is subject to revocation by the undersigned at any time except to the extent that action has been already taken. Any cancellation or modification of this authorization must be in writing. If not earlier revoked, this consent shall terminate one year from the date signed below.

Client's Name

Clients Signature

Date