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CONSENT FOR EXCHANGE OF INFORMATION

I, (name): _____

hereby authorize the exchange of information for consultation purposes
between Laurie Simons MA, and:

Name(s): _____

Title(s): _____

School or Organization: _____

Regarding:

Client name(s): _____
Please print

Parent(s) name(s) if client is a minor: _____

Signature: _____

Date: _____