



AUTHORIZATION FOR WRITTEN AND/OR ORAL RELEASE OF INFORMATION

I, _____, hereby authorize _____
(self, parent, or guardian) (Doctor's name)

of The Stixrud Group, LLC to exchange information and collaborate with the people

listed below in order to best serve the needs of _____.
(client: indicate child or self)

Date(s) Tested: _____

Please provide complete information for each recipient designated below.

Recipient 1:

Communication type (check one or both): ___ oral ___ written (e.g. email and/or fax)

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Recipient 2:

Communication type (check one or both): ___ oral ___ written (e.g. email and/or fax)

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

By completing this form, The Stixrud Group, LLC is released from all legal liability that may arise as a result of their compliance with my request.

Please be advised that this authorization will remain in effect for the course of the evaluation process, not to exceed twelve months from the date indicated on the form, unless we receive a written request to revoke this authorization.

Signature of Client
(parent/guardian, if minor)

Date

*This consent is valid for the period indicated not to exceed one year.

Recipient 3:

Communication type (check one or both): ___ oral ___ written (e.g. email and/or fax)

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Recipient 4:

Communication type (check one or both): ___ oral ___ written (e.g. email and/or fax)

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Recipient 5:

Communication type (check one or both): ___ oral ___ written (e.g. email and/or fax)

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Recipient 6:

Communication type (check one or both): ___ oral ___ written (e.g. email and/or fax)

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

By completing this form, The Stixrud Group, LLC is released from all legal liability that may arise as a result of their compliance with my request.

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(parent/guardian, if minor)

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