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Authorization for the Release of Information

I, _____ authorize _____
to release information to Sarah Safron-Chiu, MA, LCPC, regarding _____
for the purpose of _____. This information may only be
used by the individuals named above for the purpose stated in this release. This authorization
will be valid until _____.

Name of individual to release information to: _____

Agency/facility if applicable: _____

Office Number: _____ Fax Number: _____

Signature: _____ Date: _____