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I _____ grant permission for _____
Client (or guardian of client) Name

to release the following information _____

to _____

Phone/ Fax Number if Applicable _____

I understand this release expires 180 days after signing, but can be revoked prior to its termination date when written notice is provided to this office. I also understand that once information is released, the recipient of my information may be able to re-disclose this information. A copy of this release is available to me upon request.

Signature of Client or Legal Guardian

Date

Witness

Date