

CONSENT TO RELEASE OR OBTAIN INFORMATION

I/We, _____,

give consent to Angus Strachan, Ph.D., licensed clinical psychologist,
to obtain and release information about myself, ourselves, my
daughter, my son,

(name) _____

to and from:

name _____

title _____

address _____

phone _____.

This information is to be used for the purpose of evaluation and
liaison. Photocopies of this form are valid consent.

Signed _____ Date _____
