

Mary Lund, Ph.D., Clinical Psychologist #PSY8995 🖷

Angus Strachan, Ph.D., Clinical Psychologist #PSY8929

CONSENT TO RELEASE OR OBTAIN INFORMATION

I/We, (print names) ______ give consent to Mary Lund, Ph.D. or Angus Strachan, Ph.D. (circle as appropriate), licensed clinical psychologist and Parenting Plan Coordinator, to obtain and release information about (circle as appropriate) myself, ourselves, my, daughter, my son:

(name/s of child/ren)	
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to and from the following person:

name	 	 	 _
title	 	 	
			 _
phone	 	 	
email			

This information is to be used for the purpose of assessment and liaison for the parenting plan coordinator process.

Photocopies of this form are valid consent.

Signed		
Name		
Date		
2510 Main Street, Suite 201 🖷 Santa Monica, CA 90405 🖷	Phone: (310) 392-6163	Lund & Strachan, Inc., A Psychological Corporation Fax: (310) 392-6043 http://www.lundstrachan.com