



Libby Rooney Counseling, LLC

8575 W. 110th Street, Suite 225
Overland Park, KS 66210

AUTHORIZATION TO RELEASE INFORMATION

Name _____

Date of Birth _____ Grade _____

Type of Information to be released _____

Name and address **FROM** whom information is being requested:

Name _____

Street _____

City _____ State _____ Zip _____

Telephone (____) _____

Name and address **TO** whom information is to be released:

Libby Rooney, LPC, NBCC
8575 W 110th Street, Ste. 225
Overland Park, KS 66210
913-557-0355

libbyrooney@libbyrooneycounseling.com

This release allows for reciprocal release of information: ☐ yes ☐ no

I authorize the release of information for the person indicated above:

Signature _____ Date _____

Signature _____ Date _____