

RELEASE OF INFORMATION/RECORDS

I hereby authorize Mariam A. Mott, Ph.D. to release the following information/records about _____
 _____:

The information will be released to the following party:

- (Name):**
- (Address):**
- (Phone #/Fax #):**

I hereby authorize

- (Name):**
- (Address):**
- (Phone #/Fax #):**

to release the following information/records about _____ to Mariam A. Mott, Ph.D.:

 Signature of Parent/Guardian (MATERNAL)

 Date

 Name (Please Print)

 Relationship to youth

 Signature of Parent/Guardian (PATERNAL)

 Date

 Name (Please Print)

 Relationship to youth

Note: This Release of Information expires one year from the above date.