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I authorize Marilyn Yearian, LMHC to share information with

(name) _____

(address) _____

(phone) _____ regarding the therapy sessions of

(child's name) _____. I am the child's

(relationship) _____ .

This release is to remain in effect for one year from date of signature, or until revoked in writing.

Printed Name

Signature

Date

Printed Name

Signature

Date

Therapist

Signature

Date

