



748 Holcomb Bridge Road
Norcross, Georgia 30071
(770) 492-0005 (Office)

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, parent or legal guardian of _____ request and authorize Hamlin Psychological Services, P.C. to obtain from and/or release to the following agency (agencies) the information indicated below for the purpose of psychological assessment and/or treatment:

Name of Agency	Address	Phone Number
_____	_____	_____
_____	_____	_____

The following information may be released or obtained:

- Psychiatric/Psychological evaluation
- Behavior Checklists
- Other _____

All information obtained or released will be held strictly confidential and will not be released to any party other than the person/facility indicated without the written consent of the client or guardian. This release will remain in effect unless revoked in writing. I understand that I may withdraw this consent at any time.

Child Name (please print)

Parent/Legal Guardian Signature

Date

Witness Signature

Date

Withdrawal Date

Parent/Legal Guardian Signature