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AUTHORIZATION FOR EXCHANGE OF INFORMATION

Name _____ Birthdate _____

I authorize Eric Endlich, Ph.D. to release any information contained in my record to, and communicate freely, with

Phone _____ Email _____

I further authorize the above person or agency to release any information contained in my record to, and communicate freely with, Eric Endlich, Ph.D.

I understand this information is not to be released to any other person or agency without my express consent, except where provided by law. I understand that I may revoke this consent to release information at any time.

Signed (Parent/guardian if student is under 18)

Date

Please contact Eric Endlich, Ph.D. to discuss this student.
Thank you.