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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

\_\_\_\_\_  
Date

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