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AUTHORIZATION FOR EXCHANGE OF INFORMATION

Name	Birthdate
I authorize Eric Endlich, Ph.D contained in my record to, and	-
PhoneEmail_	
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, Pl Thank you.	n.D. to discuss this student.