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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	
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 studen	t is under 18) Date
Please contact Eric Endlich, Ph.D	. to discuss this student. Thank you.