

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, authorize Barbara Hudson M.Ed. to communicate with _____ in my behalf. I understand that the purpose of this communication is _____.

The content of this communication shall be limited to _____

This consent will be valid from this date forward until _____, or until such time that I notify Ms. Hudson in writing that I withdraw my consent.

Client Signature _____ Date: _____

*Barbara Hudson or
Witness Signature _____ Date: _____*