CARITAS • 1711 W County Rd B, Suite 115S, Roseville MN 55113 - Tel • 651-644-8235

Linda S. Budd, PhD, LP

AUTHORIZATION FOR RELEASE OF INFORMATION

_____ _____

Name of client Name of second client (if couple)

_____

Address / city / state / zip code

I / We authorize: _____

Name of individual and/or organization

_____

Address

_____

Phone and fax number

To release to: _____

Name of individual and/or organization

_____

Address

_____

Phone and fax number

Information from the records maintained while involved with that facility during the time period of _____. The information to be disclosed is:

____ two way	____ intake reports	_____ progress summary
____ consultation report	____ medical reports	_____ legal reports
____ school reports	____ psychological testing reports	
____ I.Q. testing reports	____ education proficiency reports	____ other: _____

This information is requested for the following purposes: _____

I understand that I may revoke this consent at any time by written notice and that upon fulfillment of the above stated purposes or at the end of one year, whichever is first, this consent will automatically expire.

_____ _____

Signature of client Date

_____

Signature of second client (if couple)

_____

Signature of parent or legal guardian (if minor)