

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, give my permission for

Randi V. Love, LMHC to provide information to, and exchange information with:

\_\_\_\_\_

for the purpose of: \_\_\_\_\_

\_\_\_\_\_.

This authorization is valid for a period of 6 months, and can be withdrawn by me in writing at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If under 17 years of age, the parent/guardian signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note to receiving agency/person: You may not re-disclose any of this information unless the person who consented to this disclosure consents to such re-disclosure.

If you have any questions or concerns about any of the information, please don't hesitate to talk to me.