

CONFIDENTIAL

RELEASE AND EXCHANGE OF INFORMATION FORM

Child's Name _____ Date of Birth _____

School _____ Grade _____

I, _____ (Parent/Guardian) give
permission to _____ (School/Agency/Dr., etc) to
release, exchange, and discuss all information including educational,
psychological, and medical with Barry Zaransky, Psy.D. and/or other
representatives from TheAdvocatePsychologist.com.

Signed:

Parent/Guardian _____ Date _____

School/Agency Representative _____ Date _____