



CONSENT FOR RELEASE OF INFORMATION

I, the undersigned, hereby give my permission for:

(Please list names of any therapeutic or medical personnel - counselors, doctors, specialists, school personnel – teachers, counselors, principals, or the subject children’s daycare or school entirely, and/or other professionals that may need to be contacted for the evaluation – employers, police departments, etc. for all subject children and parental parties. **The professionals’ fax or email will be needed on this form.**

Name of Facility	Fax # /Email	Contact Representative
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To release verbally and/or in writing any criminal, medical, psychological, psychiatric, social, vocational and/or educational records concerning me, _____, or my child/children, _____, for a court ordered investigation, Cause Number _____.

I also give permissions for any above listed entities to answer any questions verbally and/or in writing of any questionnaires requested for placement and/or the best interest of my child/children. I understand this request for information includes my consent for release of information on alcohol or chemical abuse and dependency (including illegal drug use), STD’s, HIV testing, AIDS and psychiatric illnesses and any testing on me or my children.

This information may be released to:

Jessica L. Rogers, MA, LPC
990 Hwy 287 N, Suite 106 #353
Mansfield, TX 76063
Office (817) 475-1735

Fax (817) 394-1207

This consent is subject to revocation or withdrawal at any time in the form of written notice and will expire 1 year from the date it was signed. Withdrawal of consent does not affect any information disclosed prior to the written notice of the withdrawal.

A PHOTCOPY OF THIS CONSENT IS AS VALID AS THE ORIGINAL.

SIGNED _____ DATE _____

SIGNED BEFORE ME on this the _____ day of _____, 2022

Notary