
PRACTICUM LABORATORY

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

(This form can only be mailed – and not faxed.)

I hereby authorize:

Name of Releasing Agency: _____

Address: _____

to release all profession (psychological, educational, health, rehabilitation, etc.) information concerning:

Client's Name: _____

Date of Birth: _____ NAU ID / Driver's Lic.: _____

to the agency/person listed below:

Name/Agency: _____

Address: _____

We are particularly interested in the following information:

It is recognized that this is confidential information and that it will not be released to other individuals.

Counselor's Signature

Date

Client's Signature

Date

Supervisor's Signature

Date