

Authorization for Release of Information

This release authorizes you to disclose to Cecilia Powers, LCSW any records and/or information which may be requested regarding myself and my family for the purpose of completing a child custody evaluation or adoption evaluation. Ms. Powers has been appointed by the Court to complete such evaluation.

Without revocation, this consent will expire in six months.

_____ Name (Printed)	_____ Date of Birth	_____ Date
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Signature

_____ Name (Printed)	_____ Date of Birth	_____ Date
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Signature

Please list the names and birth dates of any minor children:

_____	_____
_____	_____
_____	_____