

## 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

Signature

Name (Printed)	Date of Birth	Date

Signature

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