

Authorization for Release of Information

This release authorizes you to disclose to Cecilia Powers, LCSW-S 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:

_____	_____
_____	_____
_____	_____