

Authorization for Release of Information

This release authorizes Cecilia Powers, LCSW-S to disclose any records and/or information which may be requested regarding myself and my family regarding the court-ordered supervised visitation to the following attorneys:

Attorney

Attorney

Without revocation, this consent will expire in six months.

Name (Printed)

Date of Birth

Date

Signature

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

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