



CONSENT TO EXCHANGE INFORMATION

I hereby authorize _____

to exchange information and/or documents for

with Paula Solomon, Ph.D.

This shall include:

- Medical Evaluations _____
- Educational Reports _____
- Psychological Evaluations _____
- Hospital Records _____
- Other (Describe) _____

I understand that this release can be revoked at any time. It will automatically expire at the end of one year.

Client/ Parent/Guardian Signature

Date