



Paula Solomon PHD  
psychological assessment & consultation

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## 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