

**Consent to Release Information**

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Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Information to be released:

\_\_\_\_\_

\_\_\_\_\_

Reason for release:

\_\_\_\_\_

\_\_\_\_\_

Release to:

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone/Fax

\_\_\_\_\_

Email

\_\_\_\_\_

This release to expire:

\_\_\_\_\_

I understand that my records are confidential information and by signing this agreement only the above described information will be released to the identified party. I have the right to revoke this agreement at any time.

Signature of Client:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian (if applicable):

\_\_\_\_\_

Date: \_\_\_\_\_