

Consent for Exchange of Information

This consent for exchange of information between _____
and _____ is for six months beginning with the
following date _____.

The exchange will be within the scope of information allowed by the
client _____.

Fax or address _____

Signature of counselor _____ . Date _____

Signature of teacher, school counselor, colleague, lawyer, doctor,
parent or any individual requesting information about my client.

Signature _____ Date _____