



Authorization to Release, Exchange, or Obtain Information

I, _____ authorize John Richardson of Level Path Ministries, LLC to ___ release, ___ exchange, ___ obtain the following information:

___ Summary of previous counseling

___ Psychiatric evaluation

___ Other: _____

This information will be released to, exchanged with and/or obtained from:

Name: _____

Phone: _____

Email: _____

Signature

Date

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