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CONSENT FOR RELEASE OF INFORMATION

I authorize Dr. Jayme M. Jones to exchange information about my child,
_____, in order to assist with his/her assessment. She may exchange
information with the following people (please initial next to each name):

_____	_____
_____	_____
_____	_____
_____	_____

This consent for release of information will remain in effect from _____ through
_____, and may be rescinded at any time, by written notice.

Parent/Guardian Date

Parent/Guardian Date