



Jeanette Dadson
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RELEASE OF INFORMATION

I, _____ hereby consent to and authorize Jeanette Dadson,
to release all information gained during evaluative and therapy sessions with me to

_____ for the purpose of consultation.

It is understood that this authorization for release of information applies only to the person(s) named, and does not permit the release of information concerning me to any other person(s) or institutions.

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Signature

Date

Witness