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**Authorization for the Release or Exchange of Information**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Information to be released by or exchanged with:

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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