

Jennifer L. Todd, LCSW, ACHT  
748 Morris Turnpike, Suite 210  
Short Hills, NJ 07078  
973-868-4713

**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: \_\_\_\_\_