

RELEASE AUTHORIZATION

I, _____ do hereby voluntarily authorize **ROBIN BROWN WALTON MS, LPC** to discuss, disclose and/or release any and all information, including records, reports, testing and/or opinions and treatment to:

I authorize **ROBIN BROWN WALTON MS, LPC** to speak with any of the following individuals or agencies:

- 1. Attorney _____ # _____ .
- 2. Co-Parent's Attorney _____ # _____ .
- 3. Evaluator _____ # _____ .
- 4. Psychotherapist _____ # _____ .
- 5. _____ # _____ .
- 6. _____ # _____ .
- 7. _____ # _____ .
- 8. _____ # _____ .

Therefore, this one release will cover all parties, I understand that any individual or agency contacted will be listed above as apart of this general release.

I also understand that I may revoke this consent at any time in writing.

Client's Name

Client's Address