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Authorization for Release of Information – Parenting Consultant

SUBJECT'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

I hereby authorize: _____
(name/title)

To release any and all information from their knowledge, records, and files regarding the named subject. The information shall cover any and all matters and shall not be limited to a particular period in time. The information this authorization releases shall be furnished to Dr. Jordan Hart, in her role as Parenting Consultant, and may be used only in the proceedings for which the Parenting Consultant has been appointed. The information released by this authorization shall be unlimited.

This authorization may be revoked by the undersigned upon written notice received by the provider and such revocation shall take effect from and after receipt by the provider, however, any release made prior to receipt of revocation shall be deemed valid. This authorization shall be valid for one year from the date of my signature.

A photocopy of this release shall serve as an original.

SIGNATURE: _____ DATE: _____
Subject