**Release of Information**

Client Name:       Date of Birth:       Address:

I, hereby, as the parent or guardian of a child under 18 years of age, or I, as an eligible adult (18 years of age or older), do request and authorize:

Holistic Counseling LLC

7701 Pacific St Ste 10

Omaha, NE 68114

To receive and provide the information below (please place an “x” by all that apply):

 Official permanent record (parent’s name, child’s name, birth date, progress notes, data, standardized test scores, attendance data)

 Results of psychological assessments and/or consultations

 Medical records

 Other data (please specify):

Institution or person receiving/providing information:

Address of institution or person:

Phone number/s of institution or person:

This authorization shall be deemed to permit the continuing release of the designated information from       through       or until such time as this authorization shall have been revoked by me in writing.

Printed Name of Parent/Guardian Date

Signature of Parent/Guardian Phone Number