

ZACHARY SCHWARTZ, MSW, LCSW, LLC

Release of Information (From Zachary Schwartz)

I _____ give permission to Zachary Schwartz, MSW, LCSW, LLC
(Client's Name)

to communicate with and/or release requested materials to _____.
(Name of Person/Phone #)

Release of Information (To Zachary Schwartz)

I _____ give permission to _____
(Client's Name) (Name of Person/Phone #)

to communicate with and/or release requested materials to Zachary Schwartz, MSW, LCSW, LLC.

Client Signature: _____

Date: _____