

ZACHARY SCHWARTZ, MSW, LCSW, LLC

Release of Information (From Zachary Schwartz)

I _____ give permission to Zachary Schwartz, MSW, LCSW, LLC
(Parent/Guardian Name)

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

with regard to my son/daughter _____.
(Child's Name)

Release of Information (To Zachary Schwartz)

I _____ give permission to _____
(Parent/Guardian Name) (Name of Person/Phone #)

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

with regard to my son/daughter _____.
(Child's Name)

Parent/Guardian Signature: _____

Adolescent Signature: _____
(16 years of age or older)

Date: _____