

**Jacqueline M. Alexander, MA, LPC, NCC**

244 Farms Village Road  
P.O. Box 404  
West Simsbury, CT 06092  
Phone (860) 408-1595  
FAX (860) 651-9238

**Authorization for the Release or Exchange of Information**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Information to be released by or exchanged with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Information to be released or exchanged:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the release or exchange of the above requested information to/by Jacqueline Alexander, MA, LPC, NCC. I understand that I may revoke this release at any time. This release is in effect for 180 days from the date signed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date