

Carruth Center, Inc



11001 Hammerly Blvd. Houston Texas 77043 713-935-9088 713-935-0654 (fax)

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**AUTHORIZATION FOR REQUEST/RELEASE OF INFORMATION**

I hereby authorize:

Maria Hammond PhD	_____	initial to consent
JoAnna Anderson PsyD	_____	initial to consent
Carruth Center, Inc	_____	initial to consent
The Parish School	_____	initial to consent
_____	_____	initial to consent
_____	_____	initial to consent

to REQUEST/RELEASE information that may be helpful in providing services for my child, \_\_\_\_\_.

Below are listed the person(s), agencies and schools that the assigned individuals or company may contact:

	<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

I understand any information obtained is strictly confidential and privileged.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

A copy of this instrument is as valid as the original.