



Authorization to Use or Disclose Information

Client Identification Information:

Client Name

Date of Birth

This information is to be disclosed to:

PlusFour Solutions
ATTN: Stephen G. Newton, Ph.D.
Licensed Clinical Psychologist, PSY13259
425 First Street, Suite E
Los Altos, CA 94022
(650) 949-2439 Fax
(650) 949-2440 Telephone
snewton@plusfoursolutions.com

I authorize:

Name of school, professional, agency or attorney

Address, City, State, Zip code

Fax Number

Phone Number

Email address

To disclose the following information:

- Academic records
- Psychological Assessment
- Telephone Consultation
- School Records / Contact with School Personnel
- Other: _____

Dates to be released:

- All dates From _____ to _____

Signature of Client/Guardian

Relationship to Client

Client is a minor child

Date (This authorization is valid for 12 months)