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CONSENT FOR RELEASE OF PROFESSIONAL/CONFIDENTIAL INFORMATION

Notice: I am a court ordered neutral evaluator. The information I am seeking from you could be used in a psychological evaluation, and it could be used in a court proceeding related to my court appointment in this case.

Client or Child's Name: _____ Date of Birth: _____

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I (we) hereby authorize and request the release of confidential information from my contacts with the below listed individual(s) and Dr. William B. Zuckerman or his agents. This information will include, but is not limited to, pertinent social history, psychological testing, psychiatric or other psychotherapeutic treatment, medical information, and educational information, where appropriate. I understand that the information will be used for professional purposes only.

Name: _____

Title: _____

Address: _____

Phone & Fax: _____

I understand that I may revoke this consent at any time by informing, in writing, the above named individual(s). This consent will automatically terminate one year from the date of signature below.

Witness' Signature

Date

Signature of Client or Parent

Date

Signature of Client or Parent

Date

A copy of this document shall be as valid as the original.
*****THIS IS NOT A REQUEST FOR COPIES OF FILES OR RECORDS*****