Cori A. Newlander, M.A., MFT

3231 Ocean Park Boulevard, Suite 218, Santa Monica, CA 90405
(310) 466-1192
License MFC41609

Authorization for Disclosure of Information and Release of Records

I, ____

Client Last Name   First Name   Date of Birth

Hereby Authorize:

Cori A. Newlander, M.A., MFT MFC41609

To release any or all records pertaining to me, as defined below.

To:

____
Other Clinician's Name

____
Other Clinician's Address and Phone number

AND VICE VERSA

DESCRIPTION OF INFORMATION REQUIRED

School Transcripts	________	Psychological Evaluation	________
School Records	________	Psychiatric Evaluation	________
Medical Records	________	Hospital Records	________
Psychotherapy Information	________	Other	________

STATEMENT OF PURPOSE

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______________________   ______________________
Signature of Client   Date

______________________   ______________________
Witnessed By: Cori A. Newlander, MFT   Date