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AUTHORIZATION FOR RELEASING/RECEIVING INFORMATION.

I /We _____ give authorization for Natalia Bergman
(Guardian/Parent)

("UnicornPsychology") to release/obtain information to/from the following people or agencies:

for my child:

CLIENT/GUARDIAN SIGNATURE:

SERVICE PROVIDER SIGNATURE:

DATE (mm/dd/yy): _____

This authorization will remain in effect for 12 months.