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CONSENT TO RELEASE OR OBTAIN INFORMATION

I / We, _____ give consent to Charlotte Reznick, PhD,
licensed educational psychologist, to obtain and release information about:

myself ourselves
 my son my daughter

_____ Name

_____ Date of Birth

myself ourselves
 my son my daughter

_____ Name

_____ Date of Birth

myself ourselves
 my son my daughter

_____ Name

_____ Date of Birth

myself ourselves
 my son my daughter

_____ Name

_____ Date of Birth

to and from:

_____ Name / Title

_____ Address / Email

_____ Phone

_____ Name / Title

_____ Address / Email

_____ Phone

_____ Name / Title

_____ Address / Email

_____ Phone

_____ Name / Title

_____ Address / Email

_____ Phone

This information is to be used for the purpose of evaluation and liaison. Form is valid through dates of treatment. Photocopies of this form are valid consent.

_____ Signature

_____ Print Name

_____ Date