



## RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby authorize Newtown Sport and Performance Psychology to release and exchange information pertaining to my evaluation and sessions to:

\_\_\_\_\_  
\_\_\_\_\_

I understand that authorization shall remain valid from the date of my signature below and for 9 months thereafter. I have been informed that I may revoke this authorization by written or oral communication to Newtown Sport and Performance Psychology. I certify that this form has been fully explained to me and that I understand its contents.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Signature / Guardian Signature

\_\_\_\_\_  
Date of Authorization