

William D. Lax, Ph.D., ABPP
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Release of Confidential Information

I/We, _____, hereby authorize the

Release of Confidential Information **from/to** William D. Lax, Ph.D. **from/to**:

Name: _____

Title: _____

Address: _____

Phone: _____

I/We request that the following information be released:

The purpose of this disclosure is: _____

No information released under the terms of this authorization may be redisclosed without the written permission of the client.

I/We understand that I/We may revoke this release at anytime, otherwise, this release will automatically expire one year from today's date.

Signature _____ Date: _____

Signature _____ Date: _____