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Release of Information Form

I/We give permission for Dr. Pamela Meek to share and discuss information regarding _____ with _____.

I/We understand that informal and formal test data may be shared as well as written documentation including a written report and/or raw data. I further understand that raw test data will only be shared with another professional capable of interpreting the information properly.

Relationship _____

Date _____

Relationship _____

Date _____