Jean S. Gearon, Ph.D.
Clinical Psychologist

2440 M St., N.W.
Suite 411
Washington, D.C. 20037
202-887-8077

Consent to Release Information

The undersigned individual agrees to allow Dr. Jean S. Gearon to release and exchange relevant information obtained through therapy and/or evaluation to the recipient named below.

Client information

_____ _____
Name of client (print) Date of Birth

_____ _____
Signature of client Date

Recipient information

_____
Name (print)

_____
Relationship/Agency (print)

_____ _____
Address Phone #

_____