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Date: ___/___/2015

Client's Name: _____ Date of Birth: _____

I hereby authorize the exchange of information regarding the above named client between Stacey Ashton, MSED, BCBA and the following:

Name: _____ Title: _____

Address: _____

Phone/Fax/Email _____

Name: _____ Title: _____

Address: _____

Phone/Fax/Email _____

Name: _____ Title: _____

Address: _____

Phone/Fax/Email _____

Signed: _____ Date: _____

Printed: _____ Relationship to Client: _____



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