Solutions for Life Counseling and Services · Melissa J. Quigley
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## **Release of Information Form**

I	
Client/Parent/Guardian (please circle)	
Authorize Melissa J. Quigley, <i>Solutions for Life Counseling</i> information to/from:	g & Services, to release/obtain
This information is for the sole purpose of continuity of pro	ofessional care for
I understand I can revoke this authorization at any time w Solutions for Life Counseling & Services.	rith written notice to Melissa J. Quigley
Signature:	Date
Signature:	Date