



***Amy Rostand Morris, LCSW, LLC***  
41 – A Lenox Pointe, NE  
Atlanta, Georgia 30324  
404 – 654 – 0313

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***RELEASE OF INFORMATION***

Client: \_\_\_\_\_

I hereby request and authorize Amy Rostand Morris, LCSW, LLC to  
obtain/release verbal or written information from/to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to be used for the purpose of diagnosis and treatment.

All information I hereby authorize to be obtained or released will be held strictly  
confidential and cannot be released again to another agency or individual without  
my written consent.

Date authorized: \_\_\_\_\_

Signature or parent/legal guardian: \_\_\_\_\_

Printed name of parent/legal guardian: \_\_\_\_\_