

**Jacqueline Alexander, LLC**

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**Authorization for the Release or Exchange of Information**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize the release and/or exchange of information between Jacqueline Alexander, MA, LPC, NCC and/or Dorian Fenczak, MA of Jacqueline Alexander, LLC, with:

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_  
\_\_\_\_\_

Information to be released and/or exchanged:

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

I authorize the release and/or exchange of the above requested information to/by Jacqueline Alexander, MA, LPC, NCC and/or Dorian Fenczak, MA of Jacqueline Alexander, LLC. I understand that I may revoke this release at any time. This release is in effect for 365 days from the date signed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date