

**LOUISIANA STATE BOARD OF EXAMINERS OF
PSYCHOLOGISTS**

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**RELEASE OF INFORMATION
GENERAL CONSENT FORM**

NAME _____ PHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

AUTHORIZES _____

TO DISCLOSE TO THE LOUISIANA STATE BOARD OF EXAMINERS OF
PSYCHOLOGISTS ALL INFORMATION CONCERNING

THE PURPOSE OF SUCH DISCLOSURE IS TO GIVE AUTHORIZATION TO THE
LOUISIANA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS TO
INVESTIGATE AND RESOLVE THIS MATTER IN ACCORDANCE WITH THE
BOARD'S RULES AND REGULATIONS.

This authorization may be revoked in writing by the undersigned Complainant at any
time except to the extent that action has been taken in reliance upon it.

This consent (unless expressly revoked earlier) expires on _____

Complainant Signature _____ Date _____

Witness Signature _____ Date _____