



LOUISIANA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

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RELEASE OF INFORMATION GENERAL CONSENT FORM

NAME _____ PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

AUTHORIZES (psychologist) _____

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 _____