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**Clinical Psychology/Clinical Neuropsychology**

**License Number PSY 9830**

CONSENT FOR RELEASE OF INFORMATION OR RECORDS

I hereby authorize **Roger Light, Ph.D.** to disclose all records and/or information regarding **[Client Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date of Birth] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,** obtained in the course of their examinations, to:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .**

\_\_\_\_\_\_\_\_\_\_ Check here if reciprocal release

(i.e. both parties are authorized to release specified information)

Disclosure shall include the information specified below (please circle):

Clinical/Medical Evaluation

Diagnosis

Discharge Summary

Diagnostic Exam

Results of Psychological/Vocational Tests

Educational Assessment & Behavioral Reports

Other: All Test Protocols and Associated Notes

­­­­­­­­­­­­­­­­­­Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release is valid from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Signature of Client/Parent/Guardian/Conservator:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_**/\_\_\_\_/\_\_\_\_\_\_**

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_**/\_\_\_\_/\_\_\_\_\_\_**

Reference: California Civil Code Section 56:11