

Evan Bacon, College Transitioning Services

33 Via Amormio, Palm Desert, CA

310-701-7131

www.collegetransitioning.com

evan@collegetransitioning.com

RELEASE/EXCHANGE OF INFORMATION

I, _____, hereby authorize Evan Bacon and College Transitioning Services and Technology to release and/or exchange information pertaining to my work with him as part of our ongoing sessions to help the college transition process.

I understand that authorization shall remain valid from the date of my signature below and for 24 months thereafter ending on:

_____ / _____ / _____

I have been informed that I may revoke this authorization by written communication to Evan Bacon and College Transitioning Services and Technology.

I certify that this form has been fully explained to me and that I understand its contents.

Name of Client

Signature of Client

Date of Authorization

Name of Parent/Guardian
(if Client is under 18)

Signature of Parent/Guardian

Date of Authorization

Name of Witness

Signature of Witness

Date Witnessed