I hereby authorize:

Lee M. Stillerman Phd
Phone: 951.223.6992
5005 La Mart Dr
Ste 100-B7
Riverside, California 92507
Email: leestillerman@gmail.com

To release information pertaining to my case with:

Name: ____

Address: ____

Telephone: ____

Email: ____

Information to be disclosed is to be limited to:

____

I have had explained to me and fully understand this request/authorization to release records and information and the likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within 90 days, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

Signature ____

Print name ____

Date ____