

Release of Information

I/We _____ consent to

have information regarding myself or my children released from:

To:

Marla Rauser of Care Counselling, Registered Social Worker/Family
Counsellor/Independent Practitioner for Home Assessments.

I also agree to have information regarding myself or my children released

From Marla Rauser to:

For the following purposes:

Signed this date: _____

Print name and sign

Print Name and sign

Marla Rauser

B.A. (Hon) B.S.W., R.S.W (Registered Social Worker) #3096/#0582 306 821 – 0377
Independent Practitioner for Home Studies