John A. Crouch, Ph.D., ABPP-CN

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RELEASE OF INFORMATION

I hereby request and	d authorize I	Or. Crouch to:			
	_ Obtain	Releas	se .	Exchange	Information
Regarding:	Dis Op Be Psy	 History & Physical Discharge Summary Operative Reports Behavioral Observations Psychometric Testing Report Academic Records 		 CT or MRI scans of the Head/Brain Neurology or Neurosurgical Consultations Medical Office Notes Mental Health Treatment or Evaluation Notes Psychometric Raw Test Data Employment Records 	
From: To	:	Name of Person or	Agency		
		Address			
		City	State	Ziŗ)
In Regard To:		Patient Name			
		Date of Birth			
Signature of Patient	t Parent	Guardian		D	ate
Signature of Witness	SS			D	ate