

McClure, Mallory & Baron  
EDUCATIONAL COUNSELING AND PLANNING

I HEREBY AUTHORIZE:

**MCCLURE, MALLORY & BARON**

TO RECEIVE AND/OR RELEASE INFORMATION PERTAINING TO:

\_\_\_\_\_  
(STUDENT'S NAME)

THIS MAY INCLUDE ACADEMIC RECORDS, RESULTS OF TESTING AND PSYCHOLOGICAL REPORTS, AND OTHER PERTINENT DATA.

\_\_\_\_\_  
(PARENT SIGNATURE)

\_\_\_\_\_  
(PARENT PRINTED NAME)

\_\_\_\_\_  
(DATE)

PLEASE LIST NAMES AND NUMBERS OF AVAILABLE CONTACTS BELOW, BUT NOT LIMITED TO:

1) NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

2) NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

3) NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

4) NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

5) NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

6) NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_