Jennifer Lager, Psy.D.
1499 Chain Bridge Road, Suite 201
McLean, VA 22101
(703) 244-9656

Authorization for Release of Information

I Authorization for Release of Information

Client's Name: _____

Date of Birth:_____

I athorize Jennifer Lager, Psy.D. to exchange information with (please list name, address, and phone number): _____
_____
_____
_____

The following information may be released:

_____ Medical Records

_____ Education/Academic Records

_____ Psychiatric/Neurological Evaluation

_____ Psychological Testing

_____ Verbal Exchange

_____ Other Information, please explain _____
_____
_____
_____

Signature _____ Date _____

Signature of parent, if under 18_____ Date _____

Witness _____