

**WINKLE COUNSELING AND
FAMILY WELLNESS**
P A R E N T & C U S T O D Y E V A L U A T I O N S

CHILD RELEASE OF INFORMATION

I, _____, hereby voluntarily authorize the exchange of my child's information with Arlene Winkle, LMSW, for the purpose of a custody evaluation.

By signing this document, I consent to release of my child's childcare, medical, the state Health and Welfare agency, and counseling or school records and any other information related to the custody evaluation. I understand and accept all consequences related to their release.

Signature of Parent

Child's Name

Date