

# WINKLE COUNSELING AND FAMILY WELLNES

P A R E N T & C U S T O D Y E V A L U A T I O N S

## PARENT RELEASE OF INFORMATION

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

By signing this document, I consent to release of my employment, related medical records, education records, the state Health and Welfare agency records, counseling records and any other information related to the custody evaluation.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*