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**RELEASE OF INFORMATION FORM**

Date: \_\_\_\_\_

This release will expire one year from the above date.

TO:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Phone #: \_\_\_\_\_

CLIENT INFORMATION:

NAME: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
PARENT'S NAME (if client is a minor): \_\_\_\_\_  
DOB: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATE OF INTAKE: \_\_\_\_\_

SPECIFIC INFORMATION FOR RELEASE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: This release is subject to revocation by the undersigned at any time except to the extent that action has already been taken in reliance thereon. Revocation must be submitted in writing.

This form applies to all emancipated minors, and must be signed by that minor rather than the parent or legal guardian.

Monica M. Munoz, M.A., L.P.C. is not responsible for information passed on to parties not named in this release.

\_\_\_\_\_  
Client, parent, legal guardian

I authorize the release of information to:  
Monica M Munoz, M.A., L.P.C.  
210-459-1957

\_\_\_\_\_  
Client, parent, legal guardian

I authorize Monica M Munoz, M.A., LPC  
to release the information to the above named individual(s)  
or institution(s).