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**AUTHORIZATION TO RELEASE INFORMATION**  
Collateral or Professional Witness

I hereby authorize the release of all information relevant to the Guardian ad litem (GAL) evaluation and/or investigation of:

Your Name: \_\_\_\_\_.

Date of Birth: \_\_\_\_\_

This authorization applies to an exchange of information between Michael I. Vickers, PhD, and:

Name of Contact Person: \_\_\_\_\_

Relationship to me or my children: \_\_\_\_\_

Phone \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

This exchange of information is authorized to occur on one or more occasions as may be needed to complete the intended evaluation successfully. I understand that this authorization is valid until either the evaluation is completed or I submit in writing a request to discontinue it.

\_\_\_\_\_  
Signed (self)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed (guardian)

\_\_\_\_\_  
Date