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PARENTAL RELEASE OF INFORMATION for EDUCATORS

I, _____ authorize all teachers, classroom aides, school psychologists, counselors and administrators who have provided classroom instruction or other educational services to our child(ren) to exchange any and all information regarding our child(ren) with Mitchell Rosen, LMFT. We authorize the release of any information requested by Mitchell Rosen, including (but not limited to) copies of our child(ren)'s cumulative school records, educational test results, I.E.P. records and reports, and any other information to assist in the completion of a Court-ordered child custody or psychological evaluation. The foregoing authority shall continue in force until revoked by one or both of us in writing. A faxed or photocopy of this release shall be considered as an original.

Parent date: _____ Name of

of Parent _____ Signature

Educators: Please send a letter, fax or email summarizing your experience with this family. As a child custody evaluator appointed by the Family Law Court, I am especially interested in your observation of the child's functioning socially and academically as well as any interaction with parent(s), step-parent(s), significant others or family members. If you have significant knowledge, you may call me at: 951-541-3158, however please send this form first and let me know times you are available to speak telephonically.

Thank you,

Mitchell H. Rosen Website: mrosenmft.com