

Mitchell H. Rosen, LMFT
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**PARENTAL RELEASE OF INFORMATION for FAMILY, RELATIVES
& CHILDCARE PROVIDERS**

I, _____ authorize all extended family members, friends and child care providers who are known to us or 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) personal interaction with parents(s), stepparents(s), extended family and children. 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