



Ellis Evaluation & Consulting Services

Mesha L. Ellis, Ph.D.

Licensed Clinical Psychologist

California . Georgia . Tennessee

CA: PSY20263

GA: PSY003274

TN: P0000002777

CONSENT TO RELEASE OR OBTAIN INFORMATION

I/We, _____,

give consent to Mesha Ellis, Ph.D., licensed clinical psychologist, to obtain and release information about myself, ourselves, my daughter, my son:

(name) _____

to and from:

name _____

title _____

address _____

phone _____.

This information is to be used for the purpose of evaluation and liaison.

Photocopies of this form are valid consent.

Signed _____

Date _____
