

Rebecca M. Ashe, LICSW
RELEASE OF INFORMATION

351 Pleasant St., Box #255, Northampton, MA 01060
(413) 731-7262 Fax (413) 731-8788

Name: _____

Street Address _____ Town _____ State _____ Zip _____

Home Phone _____

I, the undersigned, agree to allow a mutual exchange of information between Rebecca M. Ashe, LICSW and

Name _____ Attn: _____

Address _____

Town _____ State _____ Zip _____

Telephone _____

This release is valid for a six-month period from _____ (current date)

until _____.

This release may be revoked in writing at any time.

Signature: _____ Date _____

Witness: _____