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## Consent for Release of Information Provided by Collateral Sources

I agree to provide information that I might have regarding the below-named person(s) for the purpose of the foresnic evaluation being conducted by Dr. Connell. I understand that the information I provide will be included, with me identified as the source, in Dr. Connell's report and that all parties to the matter will likely have access to that report.I understand that Dr. Connell cannot hear or read anything from me "off the record" and that I can decline to answer any question or decline to agree to provide any information at all about this matter. I have Dr. Connell consent to release any information that I provide regarding my knowledge or impressions of:

_____, my _____
Person(s) about whom information is to be given Nature of relationship (friend, student, etc)

The information described above may be released to (check one):

( ) Court and all attorneys directly involved in this matter , or ( ) _____
To whom do you consent Dr. Connell release?

I understand that the report of findings of evaluation will be released to the Court and to all attorneys involved in the matter within the next few days or weeks, and Dr. Connell will cite the information I provide without regard for request for confidentiality from me.

I have read this Release Form and I understand it fully, and voluntarily sign:

_____
Name Title

_____
Street address City State Zip

_____ ( ) _____
Telephone number Fax number Cell Number Leave message at this number only