

**TAMARA L. KAISER PhD LICSW**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Former Supervisor/Consultant**

I \_\_\_\_\_ agree to give Tamara L. Kaiser, PhD LICSW permission to ask \_\_\_\_\_ about my work while I was a supervisee \_\_/consultee \_\_ during the following time period: from \_\_\_\_\_ to \_\_\_\_\_. The purpose of this information is

to help inform my current work in supervision for licensure \_\_/consultation \_\_ with

Tamara L. Kaiser.

Name of Former Supervisor/Consultant \_\_\_\_\_

Address of Former Supervisor/Consultant \_\_\_\_\_

Phone Number of Former Supervisor/Consultant \_\_\_\_\_

Fax Number of Former Supervisor/Consultant \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisee/Consultee

\_\_\_\_\_  
Date

*Tamara L. Kaiser is an employee of Tamara L. Kaiser, LLC, a Minnesota Limited Liability Company //tlkaiser@tamarakaiser.com*

**Revised December 8, 2018**