

TAMARA L. KAISER PhD LICSW LMFT

AUTHORIZATION FOR RELEASE OF INFORMATION

Former Supervisor/Consultant

I _____ agree to give Tamara L. Kaiser, PhD LICSW, LMFT, 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 //2233 N. Hamline Avenue #207, St. Paul MN 55113// office 612-825-8053 // fax 651-765-1834