

## CINDA CHATFIELD, BA, BICM

## Professional & Parent Education Consulting / Behavior Specialist / Advocate

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## RELEASE FORM

l,	, give Cinda Chatfi	, give Cinda Chatfield permission to collaborate with	
regarding the minor child named bel	ow. I agree that all inform	ation discussed will remain confidential.	
Minor's Name			
Parent/Guardian's Name			
Phone	Email		
Parent/Guardian's Signature		Date	