

I, \_\_\_\_\_, give permission for my psychologist,  
May Chi at the Made It Clinic, to obtain and provide information to the  
following sources regarding \_\_\_\_\_

Date of Birth: \_\_\_\_\_:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_