

# 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