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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, birth date _____
authorize Kimberly J. Luybli, M.Ed., to exchange information with the following person or
organization:

_____.

I understand that the purpose of this release is _____

_____.

I understand that my authorization shall remain effective until _____, and that I
may revoke this authorization at any time by written request (except to the extent that action has
been taken in reliance thereon).

I permit a copy of this authorization to be used in lieu of the original.

I understand that I am not obliged to disclose any information if I do not wish to do so. I also
understand that I am entitled to a copy of this form.

I certify that I have read or had this form read and explained to me and I understand its contents.

Client Signature Date

Client Signature Date

Parent/Guardian Signature (if client is under 14 years of age) Date