



Therapy for Inner Well-Being  
and Interpersonal Success

## Release of Information – Minor Child

I, \_\_\_\_\_, the custodial parent of  
minor child, \_\_\_\_\_, give permission for  
Polly M. Ryan, MA, MFT, to communicate in writing or verbally with the following  
professionals for the purpose of coordinating treatment:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date