

Julie A. Morrison, Psy.D.

Licensed Psychologist

Report Distribution Form

Name of Client: _____

Date of Birth: _____

In addition to the 2 copies of the written report that you are provided at the feedback session: one for your records and one from which to make additional copies and/or provide to another professional, please indicate who you would like to receive a copy of the report. Faxed copies of reports requested at the time of the feedback session are provided at no cost. Additional paper copies of reports or subsequently requested faxed reports cost \$15 each.

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I understand that it is unlawful to alter the evaluation report in any way and, by signing this, I agree not to do so. I am aware that I can request a school version of the report that eliminates sensitive personal information that is not relevant for school staff at no additional charge. Dr. Morrison will generate such a report after being informed about which information needs to be eliminated.

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Date