



LOUISIANA BEHAVIOR ANALYST BOARD

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RELEASE OF INFORMATION/GENERAL CONSENT FORM

COMPLAINANT NAME: _____

RELATIONSHIP (CHECK ONE): _____ PARENT _____ LEGAL GUARDIAN _____ 3RD PARTY

PHONE: _____ ADDRESS: _____

CITY, STATE AND ZIP: _____

I, _____ AUTHORIZE _____

TO DISCLOSE TO THE LOUISIANA BEHAVIOR ANALYST BOARD ALL INFORMATION CONCERNING:

THE PURPOSE OF SUCH DISCLOSURE IS TO GIVE AUTHORIZATION TO THE LOUISIANA BEHAVIOR ANALYST BOARD TO INVESTIGATE AND RESOLVE THIS MATTER IN ACCORDANCE WITH THE BOARD RULES AND REGULATIONS.

This authorization may be revoked in writing by the undersigned Complainant at any time except to the extent that action has been taken in reliance upon it.

This consent (unless expressly revoked earlier) expires on: _____

Complainant Signature: _____ Date: _____

Witness Signature: _____ Date: _____