

The TALK Team
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Fresno, CA 93710

The TALK Team
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Date: _____

I hereby give authorization to The TALK Team to release and/or receive any information pertaining to my child, _____ with regard to the following people or organizations:

Name: _____

Phone/Email: _____

Name: _____

Phone/Email: _____

Name: _____

Phone/Email: _____

I understand that I may revoke this permission at any time.

Name

Signature