

Cynthia Kearney, M. Ed., LPC

Licensed Professional Counselor



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Child and Adolescent Counseling
25 years in education and counseling K-12

Cinnamon Tree Counseling Consent to Release or Obtain Information

By show of signature below, I consent for **Cynthia B. Kearney, LPC with Cinnamon Tree Counseling to obtain/release information with regard to my child’s educational needs: academic, behavioral, and interventions.**

_____ **Date:** _____

(School and District, Office Name)

(School Address and Phone Number)

Information may be exchanged pertaining to _____ including:
(Print Name of Student)

- Attendance and/or participation in counseling services
- Academic/behavioral concerns
- Academic/behavioral success
- Therapeutic progress
- Type of therapy received
- Specific information to my child and therapy including concerns, progress, and discussions in therapy
- Other _____

Signature of Client or Parent/Guardian

Date

Signature of Client or Parent/Guardian

Date

Printed Name of Client or Parent/Guardian

Printed Name of Client or Parent/Guardian