

*Grace C. Graham, Psy.D.*  
Licensed Clinical Psychologist / Expert Witness

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***Consent for Release of Information Provided by Collateral Sources***

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I agree to provide information that I might have regarding the below-named person(s) for the purpose of the forensic evaluation being conducted by Dr. Graham. I understand that the information I provide will be included, with me identified as the source, in Dr. Graham's report and that all parties to the matter will likely have access to that report. I understand that Dr. Graham cannot hear anything from me "off the record". All the information I will be providing will be given voluntarily. I understand that I can decline to answer any questions or provide any information regarding my knowledge or impressions of:

\_\_\_\_\_, my \_\_\_\_\_  
Person(s) about whom information is to be given                      Nature of relationship (friend, student...)

This information described above may be released to:

Court and all attorneys directly involved in the matter

I understand that the report of findings of the evaluation will be released to the court and to all attorneys involved in the matter within the next few days or weeks, and Dr. Graham will cite the information I will provide without regard for request for confidentiality from me.

I have read this Release Form and I understand it fully, and voluntarily sign:

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|                  |            |       |     |
|------------------|------------|-------|-----|
| Printed Name     | Signature  |       |     |
| Street Address   | City       | State | Zip |
| Telephone Number | Fax Number |       |     |