



LOUISIANA BEHAVIOR ANALYST BOARD

8706 Jefferson Highway
Suite B
Baton Rouge, LA 70809

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RELEASE OF INFORMATION GENERAL CONSENT FORM

COMPLAINANT NAME _____

RELATIONSHIP (CHECK ONE): PARENT LEGAL GUARDIAN 3rd PARTY

PHONE _____ ADDRESS _____

CITY, STATE, 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'S 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 _____