

**JILL Q. PORTER, M.S.**  
*Certified Educational Planner*  
1850 Castellana Road  
La Jolla, California 92037

Barbara McDowell, M.A., Associate

**STUDENT'S NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**PARENTAL CONFIDENTIAL RELEASE FORM**

**JILL Q. PORTER** may communicate with the following Physician, Psychiatrist, Psychologist, and/or MFCC/LCSW (Counselor):

1.	_____	_____
	Name	Telephone
	_____	_____
	Address	City / State / Zip
2.	_____	_____
	Name	Telephone
	_____	_____
	Address	City / State / Zip
3.	_____	_____
	Name	Telephone
	_____	_____
	Address	City / State / Zip
4.	_____	_____
	Name	Telephone
	_____	_____
	Address	City / State / Zip

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date