

# Authorization for Psychological Assessment Agreement

I, [REDACTED], hereby authorize [REDACTED] to conduct a psychological assessment as detailed below.

## Purpose of Assessment

## Procedures to Be Used

## Risks and Benefits

## Confidentiality

## Voluntary Participation

## Signatures

Client Name: [REDACTED]

Client Signature: [REDACTED]

Date: [REDACTED]

Psychologist Name: [REDACTED]

Psychologist Signature: [REDACTED]

Date: [REDACTED]