

LINDA EVANS, PH.D.
TOWN CENTER, 116 W. 7TH, SUITE 211
STILLWATER, OK 74074
405-707-9600

RELEASES

I authorize my insurance company (shown below) to make payment to:

_____ Insured name and address
OR

_____ Linda Evans, Ph.D.

116 W. 7th, Suite 211
Stillwater, OK 74074
Fax: 405-707-9601

Client

Parent/guardian

Date Signed

Witness