

**MICHAEL R. RODRIGUEZ, Ph.D.**  
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REQUEST FOR RELEASE  
OF PSYCHOLOGICAL EVALUATION

I, \_\_\_\_\_, hereby request that Michael R. Rodriguez,  
Ph.D., release to me the confidential psychological evaluation involving  
\_\_\_\_\_ which he prepared on \_\_\_\_\_ 200\_\_\_\_\_.

I acknowledge that Dr. Rodriguez will maintain a copy of the evaluation with his confidential records,  
and that the release of the evaluation to me will not in any way affect his continued confidential treatment  
of the evaluation.

I acknowledge and agree that Dr. Rodriguez shall have no liability or responsibility in connection  
with any disclosure of the evaluation, which I might choose to make, or which might accidentally occur  
while the report is in my possession. I recognize that the report is intended for professional use only, and  
I am asking for this report recognizing that I might not agree with the conclusions of the report, or  
understand all the terminology used in the report. I will confer with Dr. Rodriguez if I am unclear as to  
the meaning of the report. I also acknowledge that Dr. Rodriguez has cautioned me concerning disclosure  
of the evaluation to third parties, and I accept full and complete responsibility for any such disclosures.

I further agree to indemnify and hold harmless Dr. Rodriguez for any claims or demands which  
might be made against him as a result of my obtaining a copy of or my further disclosure of the  
evaluation.

I am signing this request for release with full knowledge of my legal rights and responsibility in  
respect of this matter.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness \_\_\_\_\_ Dated \_\_\_\_\_