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AUTHORIZATION TO LEAVE MESSAGES

Client's Name: _____

Home No: _____

Work No. _____

Cell No. _____

Can message(s) be left on the above number(s) voice mail or recorder?

Home Yes _____ No _____

Work Yes _____ No _____

Cell Yes _____ No _____

Messages can be left with the person(s) listed below at the given number:

Spouse: _____ No. _____

Child or Children: _____ No. _____

Other: _____ No. _____

Signature

Date

This shall remain in effect unless otherwise revoked or changed in writing