



# The Levin Center

1786A Century Blvd.  
Atlanta, GA 30345  
404-636-7624  
www.levincenter.org

**PERMISSION/CONSENT FOR EVALUATION**

I have read, understand, and agree to abide by the terms and conditions set forth in the Patient Information and Testing Policies Forms, and do hereby consent to participate in the psychological, psycho-educational or neuropsychological evaluation. I also understand that my participation is entirely voluntary, and that I may withdraw my consent and terminate at any time.

\_\_\_\_\_  
Printed Name of Client to be Evaluated

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Client (age 18 or older)  
Parent/Legal Guardian (under age 18)

\_\_\_\_\_  
Date

Explain any special needs that this individual might have during testing:

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