## **Sharon Ryan Montgomery, Psy.D.**

Licensed Psychologist

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## **CONSENT TO PSYCHOLOGICAL EVALUATION**

I,, a	gree to participate in a Psychological
Evaluation, or have my minor child/children,	
participate in a Psychological Evaluation, conducted by T	Tamsen Thorpe, Ph.D.
Dr. Thorpe's services have been requested by	·
I understand that the material contained within this evaluation in a court of law, in the proceeding in which I am current only in reference to the issue of my mental / emotional come in any other way.	ly involved. This material is admissible
I understand that Dr. Thorpe's examinations are impartia may not necessarily be utilized by the attorney who retain	•
Your appointment time has been reserved for you, it is required that you give a 24-hour notice of cancellation. This office reserves the right to charge for missed appointments at the rate of a normal office visit.	
Signature	Date