



# United Psychological SERVICES

## Data Release For Research

I hereby provide consent to allow my raw data to be used in research projects conducted at United Psychological Services,

I am aware that only my testing numbers will be used in research and that my name will not be used in research which is de-identified.

I am of the understanding that United Psychological Services uses the results of test data to ascertain the benefit of their treatment programs.

I am aware that I can ask any questions about any ongoing research projects at United Psychological Services and further that I do not have to sign this form to receive services at United Psychological Services.

This form is provided as part of a formal process for the ongoing work at United Psychological Services.

\_\_\_\_\_  
Parent/Guardian/Self

Date \_\_\_\_\_