(Logo)

(Address)

**Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to share

Counselee’s Name Counselor’s Name

and exchange information with other staff at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Facility or Organization

for the purpose of providing assistance to me. \_\_\_\_\_\_\_\_\_ *(initial)*

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has explained the purpose

of this form to me and I understand its content. My signature below indicates

my consent.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (phone #) ⦁ Fax: (fax #) ⦁ (website)