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Authorization for Release of Confidential Information, Reports, and Records

I hereby release the confidential information and records of:

_____ for professional

communication and consultation to _____.

The information is intended for planning counseling treatment and interventions.

Client Information:

Name: _____

Date of Birth: _____

Address: _____

_____

_____ _____

Client or Guardian Signature Date

_____ _____

Counselor Date