

[Your Organisation Here]

{your address and contact info here}

SAMPLE - Release of Information - SAMPLE

I, _____,

agree to allow _____

to disclose information to _____

For the following purposes:

I understand a separate Release of Information must be signed for each person. I further understand that I can cancel this release of information at any point.

This agreement is effective as of _____.

This agreement expires as of _____.

This has been agreed upon by the following:

_____	_____	_____
Print Client's Name	Client's Signature (or guardian of client if minor)	Date Signed
_____	_____	_____
Print Counselor's Name	Counselor's Signature	Date Signed