

The Counseling Center

RELEASE OF INFORMATION

I hereby authorize the exchange information and/or records with the following individual or agency:

Name: _____

Agency: _____

Address: _____

Telephone: _____

In the case of (Child's name) _____

Case Number _____

I give my permission for The Counseling Center to CHECK ONE:

___ Obtain information from this individual or agency, but NOT to provide information to them.

___ Provide information to this individual or agency, but NOT to obtain information from them.

___ Exchange information with this individual or agency.

Specific information to be exchanged is limited to:

I acknowledge that the purpose of this release was fully explained to me, and this consent is given of my own free will. I absolve the TCC from any and all legal liability that may arise as a result of my consent to have this information released. I understand that this authorization may be rescinded by me at any time.

This release will expire (choose one)

Upon termination of services at TCC _____

Upon the following date: _____

Parent/Legal Guardian Signature (1) _____ Date _____