



*Becoming What You Were Designed To Be*

## **CONFIDENTIAL RELEASE OF INFORMATION**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**I hereby authorize Restoration Counseling Center (as affiliated with Calvary Church) to release to:**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Information regarding services received for the purposes of:**

\_\_\_\_\_  
\_\_\_\_\_

**This consent is valid until the date of:** \_\_\_\_\_

**I understand I may revoke this form by notifying, in writing, the person authorized by this form to release information. I further understand that after this date, I will need sign a new release form should I desire to continue authorization to release said information.**

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Contact Number: \_\_\_\_\_