



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: _____