

LightSource Counseling Inc.

OBTAINING/RELEASING INFORMATION FORM

I, _____, hereby authorize LightSource Counseling Inc.
to obtain/release information pertaining to my case to _____.

I understand that authorization shall remain valid from the date of my signature below and will be valid until I give a written termination of this release.

I have been informed that I may revoke this authorization by written communication to LightSource Counseling.

I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date of Authorization