



Consent for Release of Information

I, _____, hereby authorize _____, a
counselor at ServingLeaders Ministries, to discuss with and release confidential
information to _____ for the purpose of _____

(indicate the specific reason)

I understand that authorization shall remain valid from the date of my signature below
and for 9 months thereafter ending on: _____

I have been informed that I may revoke this authorization by written or oral
communication to my counselor. I certify that this form has been fully explained to
me and I understand its contents.

Signature

Date