

GCL Ministries, Inc

Authorization to Release Information

I hereby authorize GCL Ministries, Inc. to release identified records/information regarding verbal communication between my counselor at GCLM and I, and grant permission to contact and discuss the content of my situation with below said person(s).

Print Name of Person: _____

Print Name of Person: _____

Print Name of Person: _____

Print Name of Person: _____

Print Name Client 1

Signature Client 1

Date

Print Name Client 2

Signature Client 2

Date

Print Name Client 3

Signature Client 3

Date

Print Name Client 4

Signature Client 4

Date

Print Name Counselor

Signature Client Counselor

Date

Practical Help

True Counsel

Genuine Hope

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