



309 W Clark Street
Champaign, IL 61820

Phone: 217-398-9066
FAX: 217-398-9077

www.ElliottCounselingGroup.com

RELEASE OF INFORMATION

I, _____, hereby authorize the Kevin Elliott Counseling, Inc.
to release/exchange information pertaining to my evaluation and/or counseling
sessions 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 12 months thereafter ending on:

I have been informed that I may revoke this authorization by written or oral communication to Kevin Elliott Counseling, Inc. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date of Authorization

Signature of Witness

Date