

Rita A Schulte LPC
Licensed Professional Counselor

I, _____ give my permission to
release the following information to:

Address _____

Phone _____

This release will expire 1 year from the date signed below or on
_____ date.

Clinical Notes _____

Initial each as desired

Verbal Communication _____

Test Results _____

This release may be recalled at any time by you with a signed and dated letter.

Client Date

Psychotherapist/Consultant Date