

# Release information

Vanessa L Crawford, LPC  
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## AUTHORIZATION FOR RELEASE OF INFORMATION

Vanessa Crawford, is hereby granted permission to release \_\_\_\_ exchange \_\_\_\_ information to/with:

Name of person/ agency: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose or need for disclosure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific information to be disclosed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent may be revoked by the person giving authorization at any time by signing and dating the revocation statement below, or by giving notification by phone or written statement of your wish to revoke consent. This does not apply to any action that has already been taken in reliance hereon. If not revoked earlier, this consent shall terminate one year from the date signed below.

### Notice to Recipient of Disclosed Information:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulation prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted under Federal Law.

\_\_\_\_\_  
(Print/type full name of client)

\_\_\_\_\_  
(Signature of client or person authorized to sign)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Relationship of signee to client)

\_\_\_\_\_  
(Print or type name of witness)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
Signature if consent is revoked

\_\_\_\_\_  
Date consent revoked