
Christian Counseling, Inc.

Office: 602-404-8421

Web: www.christiancounselingaz.org

Permission for Exchange of Information

I hereby grant permission for an exchange of professional information between Pastor Jesse

Bollinger and _____

_____ of _____

The nature of specific information to be exchanged is:

____ Unrestricted, as deemed appropriate by those named above (Recommended).

____ Limited to: _____

The purpose for this exchange of information is: _____

Exchange of information is to be:

____ ongoing (Recommended)

____ one time only

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Permission for Exchange of Information Cont'd

Expiration date for permission:

Does not expire (Recommended)

Specific date: _____

One year from certification date below

Name (please print) _____

Signature _____ Date _____