

*Moving Forward Life Services*  
*2362 Main Street Ste B*  
*Tucker GA, 30084*  
*(770) 939-5800*

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the Counselor of Moving Forward Life Services to release information pertaining to my evaluation and/Counseling session to:

\_\_\_\_\_

for the purpose of: \_\_\_\_\_

\_\_\_\_\_

I understand that authorization shall remain valid from the date of my signature below and for nine months thereafter ending on: \_\_\_\_\_

I have been informed that I may revoke this authorization by written or oral communication to the Counselor of Moving Forward Life Services; I certify that this form has been fully explained to me and I understand its contents.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date