

Tammy Skomorowski, MEd, CCC, CSLC

Counsellor, Spiritual Life Coach, Facilitator

206-1396 5th Avenue

Prince George, British Columbia, V2L 3E7

250.614.3737

info@trues3lf.ca



CONSENT TO RELEASE / OBTAIN INFORMATION

I, _____, hereby authorize True S3lf to release/obtain
information to/from: _____

regarding: _____

I understand that the information shared will only be information that is relevant to my immediate situation and I may choose at any point to dictate which pieces of information will or will not be shared. I have read and understand this agreement and I am signing of my own free volition.

Expiry Date: _____

Print first and last name

Print first and last name

Signature

Signature

Witness signature

Witness signature

Date

Date