

MKF Counseling  
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## Release of Information

I (client), \_\_\_\_\_, hereby give permission to  
(therapist), \_\_\_\_\_, of MKF Counseling to release  
information to and/or obtain information from:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature of client: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_