Think LifeChange
INSTITUTE OF BIBLICAL COUNSELING

Consent To Release Information (Student Practicums)

Date: _____

Client Name: _____

I, _____ **do hereby consent and**
(Client's Name)

authorize _____ **of the Think LifeChange**
Practicum Student's Name

Institute of Biblical Counseling to Release All Pertinent Information for purposes of practicum training to the supervisor or other staff member of the Think LifeChange Institute of Biblical Counseling.

I understand that this authorization will terminate when the practicum for this individual is completed or the student and or the client withdraws from the program.

_____ _____
Client's Signature Date

_____ _____
Guardian Signature if client under 18 Date

_____ _____
Signature of Practicum Student Date