



Consent for Release of Information

Name: _____ Date: _____ DOB: _____

I understand that by signing this form, I am allowing Redemptive Investments to secure and release information regarding my financial scholarship for counseling services and/or billing information to the following individuals/institutions:

(Name of Individual/Institution)

(Complete Mailing Address/Street/P.O. Box)

(City/State/Zip Code)

Phone: _____ Email: _____

I understand that this authorization is voluntary, and I may cancel this consent to release information at any time with written notice to Redemptive Investments. I understand that any release which was made prior to my cancellation in compliance with this authorization shall not constitute a breach of my rights to confidentiality.

This release is valid for up to one year from the authorized date.

Today's Date: _____ Expiration Date: _____

Signature: _____

Print Name: _____