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True Self
Wellness for mind, body & spirit.

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