

Connexions Coaching

233 S. Pleasant Grove Boulevard, Suite 101
Pleasant Grove, UT 84062
(801) 785-4111 or (801) 874-7691

AUTHORIZATION OF RELEASE OF INFORMATION

I, _____ whose birthdate is
_____ hereby authorize my Connexions Coach and/or Connexions
Coaching staff to:

Release Information To: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Relationship to Client: _____

It is requested that the following specific information be provided:

_____	All Treatment Related Information and Scheduling	_____	Any & All Financial Information Released to Third Party
_____	Treatment Goals and Results	_____	Other (Specify)
_____	Coordination With Other Service Providers	_____	_____

In consideration of this consent, I hereby release Jodi Hildebrandt, Connexions Coaching and Connexions Classroom Inc. and it's staff from any and all liability arising therefrom.

Client or Guardian Signature: _____

Date: _____

Witness: _____