

ALABAMA BOARD OF EXAMINERS IN COUNSELING

**AUTHORIZATION FOR RELEASE
OF
CONFIDENTIAL INFORMATION**

I, _____, authorize the release of confidential
Complainant's Name

written/verbal information concerning my counseling relationship with _____
Counselor's Name

to the Alabama Board of Examiners in Counseling for the sole purpose of investigating a
complaint of possible violation of either the *Code of Ethics and Standards of Practice*
affecting Licensed Professional Counselors in the state of Alabama or violation of the
Code of Alabama 1975, §34-8A-1 et seq. By my signature, I acknowledge my waiver of
confidentiality and rights to liability claims against _____
Counselor's Name

for the provision of this information to the Alabama Board of Examiners in Counseling.

State Of: _____ County Of: _____

Sworn to and subscribed before me this _____ day of _____, in the year _____.

Complainant's Signature

Notary Public

My Commission Expires: _____

SEAL: