



# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## **AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FORM FOR AN ADULT**

*Must be signed and notarized.*

I, (print complainant's name) \_\_\_\_\_,

authorize the release of confidential 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

(print counselor's name) \_\_\_\_\_

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

Complainant (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Address (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code): \_\_\_\_\_ Email: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public (sign): \_\_\_\_\_ (print): \_\_\_\_\_

My commission expires: \_\_\_\_\_

### **SUBMIT THIS FORM TO:**

Alabama Board of Examiners in Counseling  
2777 Zelda Rd.  
Montgomery, AL 36106