ALABAMA BOARD OF EXAMINERS IN COUNSELING
400 South Union Street, Suite 245·Montgomery, Alabama, 36104
Post Office Box 305030, Montgomery, Alabama 36130

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FORM FOR A MINOR

Please use one (1) form per child.
Must be signed and notarized.

I, (print complainant's name) _____, authorize the release of confidential written/verbal information concerning the counseling relationship between my child, (print child's name) _____, and (print 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
P.O. Box 305030
Montgomery, AL 36130