



# 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 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  
P.O. Box 305030  
Montgomery, AL 36130