

## Release of Information Form

I \_\_\_\_\_,  
Client/Parent/Guardian (please circle)

Authorize Melissa J. Quigley, *Solutions for Life Counseling & Services*, to release/obtain information to/from:

---

---

---

---

This information is for the sole purpose of continuity of professional care for

---

I understand I can revoke this authorization at any time with written notice to Melissa J. Quigley, *Solutions for Life Counseling & Services*.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_