

SUMMER/2020
WEDNESDAYS/7PM – 9PM EST Online

**ALLIANCE GRADUATE
SCHOOL OF COUNSELING**

2 Washington Street, 20th Floor
New York, NY 10004

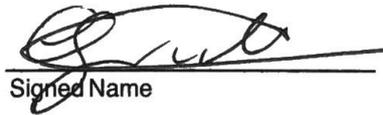
A Program of Nyack College

RELEASE OF INFORMATION FORM

I, Grace Lee, give consent for my group therapist,
Nick Repice, LCSW, (please include credential, license) to
release confidential information to Alliance Graduate School of Counseling for
the purpose of verification of my attendance to therapy group as part of the
class requirement for my GCN 604 Group Dynamics & Therapy class.

Grace Lee

Print Patient/Student's Name



Signed Name

6/10/20

Date