ALLIANCE GRADUATE
SCHOOL OF COUNSELING

2 Washington St
New York, New York 10004

A Program of College of Graduate & Professional Studies

Release of Information Form

I, _____, give consent to my therapist, _____ to release confidential information to Alliancnce Graduate School of Counseling for the purpose of verification of my attendance to therapy group as a part of the course requirement for GCN 604 Group Dynamics & Therapy.

Print Name: _____ Signature _____ Date _____