



**AUTHORIZATION FOR THE RELEASE OF INFORMATION BETWEEN  
FAMILY GUIDANCE CENTER AND GHCCM**

NAME \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I authorize the sharing of my information related to financial counseling between the Family Guidance Center and Greater Hickory Cooperative Christian Ministry.

I understand that all information will be held in strict confidence and

- that no information will be reported to the credit reporting agencies or
- make any information a matter of public record

Family Guidance Center and GHCCM honors your right to privacy. If there is any information you feel uncomfortable providing discuss it with your counselor.

We seek only to understand your situation and to serve you better.

I, \_\_\_\_\_, hereby consent to an authorize GHCCM and the FAMILY GUIDANCE CENTER to share information related to my income, expenses and action plans for the purpose of financial education, counseling and support.

I understand that I may revoke this authorization in writing at any time.

\_\_\_\_\_  
Signature of Neighbor Referred for Counseling

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client Services Staff Person

\_\_\_\_\_  
Date