

authorization for release of information

Copies of your client documentation forms may be released to Laura Norman and Associates Reflexology School by your practitioner as part of his or her efforts to be certified through the school. Any information received will be held in the strictest of confidence and will not be disclosed outside of Laura Norman and Associates Reflexology School. Upon the instructors completing their assessment of the documentations, they will be destroyed. The originals will remain with your practitioner.

To: **Elli Findly, 1849 Asylum Ave**
West Hartford CT 06117

You are hereby authorized to release my documentation records as part of the Certification requirements with Laura Norman & Associates Reflexology School.

Client Signature

Date