

**CONSENT TO RELEASE/OBTAIN INFORMATION**

Catherine Zanzi, M.A., LMFT  
Licensed Marriage and Family Therapist, MFC #53648  
2000 L Street, Suite 150, Sacramento, CA 95811  
Phone: (916) 214-1479 Email: [czanzi@frontiernet.net](mailto:czanzi@frontiernet.net)  
[www.FindHopeAgain.com](http://www.FindHopeAgain.com)

I, \_\_\_\_\_ authorize Catherine Zanzi, Licensed  
Marriage and Family Therapist, to

(Printed Name of Client)

release / obtain information from/to: \_\_\_\_\_,

(Name of Organization, Contact Person)

\_\_\_\_\_, \_\_\_\_\_,

(Telephone)

(Street Number, Street Name, City, State, Zip Code)

This information is required for the following purpose: \_\_\_\_\_

\_\_\_\_\_

And shall be limited to the following types of information: \_\_\_\_\_

\_\_\_\_\_

This consent can be revoked in writing by the client at any time. If not revoked, this  
consent terminates on: \_\_\_\_\_

(Date: mm/dd/yy)

I have had the completed form reviewed and explained to me. I understand the form and I  
give my consent.

\_\_\_\_\_

(Client Signature)

\_\_\_\_\_

(Date: mm/dd/yy)

\_\_\_\_\_

(Client Mailing Address)

(Phone)

If the client is a minor or incapacitated so that understanding this consent is questionable, the  
signature of a parent, guardian, or conservator is required below.

\_\_\_\_\_

(Parent, Guardian, Conservator if required)

\_\_\_\_\_

(Date: mm/dd/yy)