



Tactical coaching for life, leadership, and legacy

Authorization to Release Information

Client Information

- Client Name: _____
- Date of Birth: ____ / ____ / ____
- Phone: _____
- Email: _____

Release To / From:

- Name / Organization: _____
- Address: _____
- Phone: _____ Email: _____

Information to Be Released (check as applicable):

- Coaching session summaries
- Attendance verification

- Progress updates (goals / action plan)
- Behavioral observations relevant to coaching
- Scheduling or participation information
- Other (please specify): _____

Purpose of Disclosure:

Important Limits & Understanding:

- I understand that the information disclosed will be limited to **coaching-related content only**.
- I may revoke this authorization at any time in writing.
- Revocation will not affect information already released prior to the revocation date.
- Unless otherwise specified, this authorization expires **1 year from the date signed**.

Expiration Date (optional): ____ / ____ / ____

Client Rights:

- Signing is voluntary — refusal will not affect my coaching services.
- Information disclosed may be re-disclosed by the receiving party and may not remain protected.

Authorization & Signature:

Client Signature: _____ Date: ____ / ____ / ____

Coach Signature: _____ Date: ____ / ____ / ____
