



## Consent to Release Information Form

Name of employee: \_\_\_\_\_

Name of organisation: \_\_\_\_\_

Name of EAP practitioner: \_\_\_\_\_

This is to certify that I formally give permission for my EAP practitioner to provide relevant information / feedback regarding my EAP sessions to be released to:

\_\_\_\_\_ (Manager)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_