

Path of Life Ministry  
900 Corbitt Drive  
Wilmore, KY 40390

**Release of Information  
For a Minor**

I, \_\_\_\_\_, give permission for my pastoral counselor, Kathy Milans of Path of Life Ministry, to obtain/exchange information with \_\_\_\_\_  
\_\_\_\_\_ regarding my child's (name: \_\_\_\_\_)  
counseling.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date