



The Center for
**COUNSELING
& TRAINING**

The Center for Counseling & Training
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Phone 660.259.3900
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ANGER MANAGEMENT PROGRAM RELEASE OF INFORMATION

- _____ I am on probation/parole with _____ County.

Probation/Parole Officer information:

Name _____

Address _____ Phone _____

- _____ I am not on probation/parole. I am attending the program voluntarily and was referred by _____.
- In addition to my probation/parole officer, information may also be exchanged with (possibly an attorney, prosecutor, etc...):
Name _____

Address _____ Phone _____

I understand that the following information will be exchanged:

- My attendance
- Any use of violence or threats
- Reasons for suspension or termination
- Recommendations regarding changes in counseling

Client (print)

Date

Client signature

Witness