



# The Center for Counseling & Training

109 S. 10<sup>th</sup> Street

Lexington, Missouri 64067

Phone 660/259-3900 Fax 660/259-9127

## *BIP 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:

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