



1505 Shepard Dr., Suite 204, Santa Maria, CA 93454 | P.O. Box 434 Santa Maria, CA 93456 | (805) 268-5317

CONSENT FOR RELEASE OF INFORMATION

Date: _____

Client Name: _____ DOB: _____

I hereby authorize the release of information to the following listed party.

FROM/TO:

TO/FROM: Santa Maria Counseling &
Greta Pankratz, MSW, LCSW
P.O. Box 434
Santa Maria, CA
93456
(805) 268-5317

TEL: _(_____)_____

FAX: _(_____)_____

This Consent is effective for One Year from signature date. You may revoke this request at any time, by submitting a written request to Santa Maria Counseling.

Client Signature: _____ Date _____