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## Authority to Release Client File Note Request Form

**CLIENT REF** \_\_\_\_\_

To: EAP Services Limited

From: (enter your name in full)

Address: (enter in full)

Telephone:

Mobile:

Signature:

Date:

I, \_\_\_\_\_, hereby authorise  
(enter your name in full)

\_\_\_\_\_, to release to EAP Services Limited  
(enter the name of the EAP Professional that provided support)

file notes for sessions attended by me between \_\_\_\_\_ and \_\_\_\_\_.  
(enter date: dd/mm/yyyy) (enter date: dd/mm/yyyy)

### WITNESS

Name: (enter name in full)

Address:

Signature:

Date:

Please return by email to [manager@eapservices.co.nz](mailto:manager@eapservices.co.nz)