

**Life Works**  
**AUTHORIZATION FOR THE RELEASE OR**  
**EXCHANGE OF INFORMATION**

**Participant Name:** \_\_\_\_\_

Information To Be Released Or Exchanged With Life Works Staff  
Member/Facilitator:

LIFE WORKS PROGRAM FACILITATOR: 4129 Main Street, Suite 200C  
Riverside, CA 92501 \_\_\_\_\_

Name: \_\_\_\_\_ Your relation: \_\_\_\_\_

Address: \_\_\_\_\_

Information To Be Released Or Exchanged:

- Attendance Record
- Participation
- Anger Management/Parenting/Co-parenting Modality/Domestic Violence/Life Coaching
- Number of Court-ordered sessions
- Other (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- This release is good through: (Date) \_\_\_\_\_

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- Participant Signature** \_\_\_\_\_ **(Date)** \_\_\_\_\_

Other (specify)

\_\_\_\_\_  
\_\_\_\_\_

Other (specify)

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This release is good through: (Date) \_\_\_\_\_

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Participant Signature

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Date