

**THE
PHOENIX
CENTER**



*P.O. Box 1948, Greenville, SC 29602-1948
Phone: 864-467-3790 – www.phoenixcenter.org*

**Children In The Middle (CIM) Program
Consent For the Release of Information to Attorney**

Participant's Name: _____
(First, MI, Last)

Case Docket Number: _____

I, _____, authorize CIM to disclose to _____
(Participant's Name) (Attorney's Name)

information regarding my participation in and/or completion of the CIM program.

Participant's Signature _____ Date _____

Witness's Signature _____ Date _____

NOTE: DO NOT sign below unless you wish to revoke prior consent. You may revoke consent at any time.

Revocation of Consent

Participant's Signature _____ Date _____

Witness's Signature _____ Date _____