



**Volunteer Case Study Client Information**

Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Personal Information Release Statement**

This completed form will be used by the above named Practitioner as part of the practicum certification requirements. Disclosure of this information is strictly confidential. Your signature grants permission to release the above information to Gisèle Brun for said practitioners' Certification purposes only.

Volunteer Client's Signature \_\_\_\_\_