



**Judi Lowman**  
**LifeChange Certified Biblical Counselor**  
**1605 Johnson Rd**  
**Iowa Park, Texas 76367**  
**940-757-1811**

Consent To Release Information

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

I, \_\_\_\_\_ do hereby consent and  
(Client's Name)

authorize Judi Lowman, Certified Biblical Counselor of Won by One Biblical Counseling credentialed by the Think LifeChange Institute of Biblical Counseling to release all pertinent information for purposes of prayer and consultation to a ministerial staff partner when necessary as determined by the discernment of the Certified Counselor or to a staff member of the Think LifeChange Institute of Biblical Counseling as determined necessary by the Certified Counselor.

I understand that this authorization will terminate when the counseling for this purpose is completed or I as the client withdraw from counseling through Won by One Biblical Counseling's services.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature if client under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date