



Lynchburg First Church of the Nazarene  
1737 Wards Ferry Rd  
Lynchburg, VA 24501

(434)226-0222

**Written and Verbal Consent Form**

I give consent for my counselor, \_\_\_\_\_, of  
Lynchburg First Church of the Nazarene Wellspring Counseling, to share written and verbal  
information regarding my treatment with:

Name: \_\_\_\_\_ Contact number/info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact number/info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact number/info: \_\_\_\_\_

If you wish for this release to be changed in any way, let your counselor know and this  
release can be altered or terminated.

\_\_\_\_\_  
Counselee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (if Counselee is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date