

Path of Life Ministry  
515 Talbott Drive  
Wilmore, KY 40390

**Release of Information**

I, \_\_\_\_\_, give permission for my pastoral counselor, Kathy Milans of  
Path of Life Ministry, to obtain/exchange information with \_\_\_\_\_  
\_\_\_\_\_ regarding my counseling.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date