



Group Consent Form

I, _____ give Kim Jaquess, LPC permission to email my

___ first name

___ email address _____ @ _____

___ phone # Hm# _____ Cell# _____

___ I do not wish to have my personal information on the email list

I agree to keep all information discussed in group confidential.

Printed Name _____

Signature _____

Date _____