



## RELEASE OF CONFIDENTIAL INFORMATION

The purpose of this release is to facilitate the ICF Credentialing application of:

\_\_\_\_\_

(Name of Credential applicant)

I, \_\_\_\_\_, authorize \_\_\_\_\_

(Name of client)

(Name of Credential applicant)

to record and release the following recording to the International Coach Federation (ICF).

Information to be released: Audio recording of my coaching session on \_\_\_\_\_.

(Date)

I understand that the audio recording of my coaching session will be reviewed only by ICF staff and exam assessors who will use it for assessing the quality and methods of my coach, and possibly for use of training. I understand that the information will be kept confidential and will not be shared with any other party.

This release form has been read/reviewed with me and I understand its content.

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

Coach's Signature \_\_\_\_\_ Date: \_\_\_\_\_