



I hereby grant permission for information regarding my appointment(s) at MINISTRY DEVELOPMENT SERVICES to be released to the person or organization responsible for paying the fee for my appointment(s) at Ministry Development Services. This information shall include, but not be limited to, my name and appointment date or dates, as shall be deemed necessary by Ministry Development Services for the purpose of billing and/or obtaining authorization for billing for my appointment(s).

Client's Name: \_\_\_\_\_  
(Please Print Legibly)

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

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