

**Release of Confidential Information**

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

\_\_\_\_\_

(Name of Credential applicant)

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

(Name of client)

(Name of Credential applicant)

to record and release the following recording to my Coach's Coach: Donna Schilder, MCC, Executive, Career, & Mentor Coach and/or 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 Donna Schilder and/or the 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: \_\_\_\_\_