

Release of Information

I _____ hereby consent to communication
Name of Witness

Between the Arkansas Substance Abuse Certification Board

and _____
Name of Complainant or Reporter

for the purpose of processing an alleged ethical violation

against _____ Case #
Charged Counselor

formal complaints plus evidence and documents in support of
the complaint will be provided to _____
Charged Counselor

as referenced in the ASACB Code of Ethics, Section J-Filing
Complaints #7, page 69.

If a statement is written by the witness. Please have the
statement notarized and attach to this form.

Signature of Witness: _____ Date Signed _____