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 with a written transcript(s) to the International Coaching Federation (ICF). Information to be released: Audio recording and written transcript(s) of my coaching session on .

 (Date)

I understand that the audio recording and written transcript(s) of my coaching session will be reviewed only by ICF staff and performance evaluation assessors who will use it for assessing the quality and methods of my coach, and possibly for use in research or 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