

Client's Release Authorization

To: CTI
4000 Civic Center Drive, Suite 500
San Rafael, CA 94903

To Whom It May Concern:

I, _____, a client of _____, who is a participant in the Cargill Internal Co-Active Coaching Program, agree to have my coaching session(s) recorded and reviewed by a member or members of your supervision faculty.

I understand that all content of the session will be held in strict confidence, and that the recording will be destroyed upon completion of the supervision. I understand that the purpose of the review is to forward the professional training and development of my coach.

Signed: _____

Date: _____

To the Client: Please sign and return this form to your coach at the address or fax number indicated below.

Coach's Name: _____

Coach's Address: _____

Coach's Fax Number: _____

To the Coach: Please send this Client's Release Authorization to those clients whose coaching sessions you expect to be recording, and request that they return their signed forms to you.

Before you send this form to your client, please fill it out as follows:

- Enter your name as their coach in the space provided.
- Enter your address and/or fax number in the spaces provided.
- Enclose a self-addressed return envelope or include your fax number so your client can return the form to YOU.

Once you have received the signed authorization form back from your client(s), keep it with the other documents you will be submitting to CTI at the end of your program. Authorization forms are returned to you first because you are responsible to ensure that you have a signed Release Authorization from each client you will be recording.