

2405 Evergreen Park DR SW, B-1  
Olympia, WA 98502  
Phone (360) 754 – 0701  
Fax (360) 352-6285



31919 First Ave So, # 102  
Federal Way, WA 98003  
Phone (253) 927-3914  
Fax (253) 927-1958

## CLIENT CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_ authorize my vocational counselor at Grant & Associates to obtain any pertinent information regarding my medical, psychological, vocational, and educational history acquired in the course of my examination or treatment for my industrial injury, and to disclose any of this information necessary in the process of vocational rehabilitation and return to work efforts. Disclosure may be made to the Department of Labor and Industries or my Employer.

Said Counselor is an authorized representative of the Department of Labor and Industries and has been requested to provide vocational assessment and/or assistance.

I agree that a copy of this consent form may be accepted.

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

Claim#: \_\_\_\_\_