



To Whom It May Concern:

I, the undersigned, _____, do hereby authorize my spiritual advisor, _____, to discuss any spiritual direction, discussions with myself and or records arising from his relationship with me as a minister of Federated Church (2400 Sycamore Avenue, West Lafayette, Indiana 47906) with _____.

STATE OF INDIANA)
) SS:
TIPPECANOE COUNTY)

Before me appeared _____, who stated that he has read the foregoing authorization and that the same is correct and is his free act and deed.

Date

Notary Public

2400 SYCAMORE LANE
WEST LAFAYETTE, INDIANA 47906
(765) 463-5564