

**AUTHORISATION
FOR DISCLOSURE
OF INFORMATION**



To: _____ Position _____

Address: _____

Telephone: _____ Mobile: _____

I _____ hereby authorise EAP Services Limited to discuss the following information of my EAP support with my employer or manager named above.

I understand I have the right to inspect any written information that may be disclosed.

Signed: _____ Date: _____

Organisation: _____

Signed by Witness: _____ Date: _____

AUCKLAND

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partnering for performance

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