



**CONSUMER  
CREDIT  
COUNSELING**

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**SERVICE OF NORTHWEST INDIANA, INC.**

800 E. 86th AVE., SUITE B • MERRILLVILLE, IN 46410  
Telephone: (219) 980-4800 • Facsimile: (219) 769-0454

**AUTHORIZATION TO RELEASE OF INFORMATION**

I agree to participate in the Consumer Credit Counseling Service of Northwest Indiana counseling session. I understand the counselor may discuss my creditor information and information listed on my credit report.

In the event that I am unavailable, I am authorizing Consumer Credit Counseling Service of Northwest Indiana staff to discuss any pertinent information on my behalf. I further understand that Consumer Credit Counseling Service of Northwest Indiana will only discuss information to my proxy that will normally be discussed with me.

I agree not to hold Consumer Credit Counseling Service of Northwest Indiana, its staff nor its Board of Directors liable for information given to my proxy. I understand that I may revoke this waiver at any time by giving written notice to the agency.

**Print Name of Client(s):** \_\_\_\_\_

**Signature of Client(s):** \_\_\_\_\_

**Signature of Counselor:** \_\_\_\_\_ **DATE:** \_\_\_\_\_