

# TESTIMONIAL RELEASE FORM

I, (print full name) \_\_\_\_\_, authorize Dianne Ruth, PhD, to use me as a reference. I am willing to attest to the quality, effectiveness, and ethics of her Anxiety Care Coaching & Alternative Counseling approach. This is based on personal knowledge and experience. I may be contacted to give this endorsement to other professionals and/or prospective client(s) of Dr. Ruth's that are seeking a referral. I give this authorization freely, and release Dianne Ruth, PhD from any liability she may otherwise incur from the disclosure of the information as I have stated it below.

The following information may be given to individuals to enable them to contact me, Dianne Ruth, PhD, (please specify your preferences by checking the appropriate box):

First or  nickname? \_\_\_\_\_  Last name? \_\_\_\_\_

Initials only? \_\_\_\_\_  Other? \_\_\_\_\_

Address? \_\_\_\_\_  City/State only? \_\_\_\_\_

Phone?  days (     ) \_\_\_\_\_  evenings (     ) \_\_\_\_\_

Email/website? \_\_\_\_\_

Additional instructions: \_\_\_\_\_

I also give permission to Dianne Ruth, PhD to use the following testimonial in any of her promotional and advertising material. I further understand that any commentary from me may be edited for brevity, conciseness, and relevancy. (You may use the back side of this form if you need additional space, or attach a separate sheet.)

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Legal signature \_\_\_\_\_ Date \_\_\_\_\_

—Thanks, DR

**DR. DIANNE RUTH** PhD in Psychology • Anxiety Care Coach & Alternative Counselor

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