

Women's Crisis Center  
Consent For Follow Up Services

I, \_\_\_\_\_, give my permission for an advocate to contact me, at the contact information that I provided, for follow up services. If at any time, I no longer wish to receive services from Women's Crisis Center, I understand that I may withdraw this consent.

\_\_\_\_\_ Contact Name  
(printed)

\_\_\_\_\_ Contact Number

\_\_\_\_\_ Client Signature

\_\_\_\_\_ Witness Signature