

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**\*One form is to be completed for each individual disclosure. \*This form is not valid unless the entire form is completed when signed.**

I, \_\_\_\_\_ hereby authorize the disclosure of information from my record.

The information is to be RELEASED FROM:

Name (of person/organization/facility): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

The information is to be PROVIDED TO:

Name (of person/organization/facility): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

The purpose or need for this disclosure is: \_\_\_\_\_

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The information to be released is: (check and complete one only)

The entire record

Only information related to: \_\_\_\_\_

Only the period of events: from: \_\_\_\_\_ to: \_\_\_\_\_

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I understand that this authorization is valid only for the intents and purposes stated above. I have the right to revoke this authorization unless the information has already been released.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advocate Signature: \_\_\_\_\_ Date: \_\_\_\_\_