

Authorization for Release of Information

Concerning: _____ Social Security #: _____

I, _____, do hereby authorize the release of information as noted below.
(individual/legal guardian)

Name of individual or agency authorized to release information: _____

Name of individual or agency to whom information is to be released: _____

Information to be released: _____

For the purpose of: _____

It is understood that the information released will be for the expressed purpose noted above and will not be used for any other purpose nor re-released without separate consent from the individual (or legal guardian) about whom the information concerns.

This authorization to release information is to be updated annually. It may be revoked at any time by making written note of revocation on this release.

Signature of Individual/Legal Guardian

Signature of Witness

Date

Date