



# CONSENT TO RELEASE OF INFORMATION

Please Print/Type

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last Name*                      *First Name*                      *Middle Name*

**Information to be Released:**

Indicate the specific information that you are requesting to be released:

**I authorize the release of the information designated above to:**

Indicate the name and address of the specific person, agency, organization, employer, etc. who is to receive the information:

**The information is to be used for the purpose of:**

Indicate the specific reason for which the information is being released:

The information released is to be used by the specific person, agency, organization, employer, etc. as named above for the sole purpose for which the disclosure was made, and the information is not to be disclosed to any other party without prior written consent.

I have been informed of my right to release the information.

I understand that this consent will automatically expire within the allotted term after the date of my signature.

**TERM:**  One Time or  (Period beginning and ending dates): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of client/s authorizing release of information*