## **Authorization to Release Information**

l,	<del></del>	• = •	ation released and the privacy
risks with it being shared	.   give [Agency] permission to relea	se the following infor	mation:
Who my information may	Name:		
be shared with:	Title or agency:		
	Contact information:		
What information may be shared:		_	
The information may be	shared: $\square$ in person $\square$ by phone	□by email □ by	mail
I understand that:			
I may receive so	ervices from [Agency] even if I don't	release this information	on.
Releasing this i	nformation could reveal my location.		
By releasing thi have been expl	s information, some or all of it may n ained to me.	o longer be privileged	d. Both "privilege" and "waiver'
This release is I me, I will sign a	imited to the above information. If I nother release.	want [Agency] to shar	re additional information abou
I may cancel th	is release at any time, verbally orin v	vriting.	
This release is valid for_	[time period]after signature	or until:	[date].
Client signature:			Date:
Parent/Guardian signatu	re (if required):		Date:
I extend this relea	ase of information. The release now exp	ires:	
Signature(s):	ignature(s):Date:		
			l l



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