

## Authorization to Release Information

I, \_\_\_\_\_, have discussed with [Agency] why I want information released and the privacy risks with it being shared. I **give [Agency] permission to release the following information:**

<b>Who my information may be shared with:</b>	Name:  Title or agency:  Contact information:
<b>What information may be shared:</b>	

The information may be shared:  in person  by phone  by email  by mail  by fax

### I understand that:

\_\_\_\_\_ I may receive services from [Agency] even if I don't release this information.

\_\_\_\_\_ Releasing this information could reveal my location.

\_\_\_\_\_ By releasing this information, some or all of it may no longer be privileged. Both "privilege" and "waiver" have been explained to me.

\_\_\_\_\_ This release is limited to the above information. If I want [Agency] to share additional information about me, I will sign another release.

\_\_\_\_\_ I may cancel this release at any time, verbally or in writing.

This release is valid for \_\_\_\_\_ [time period] \_\_\_\_\_ after signature or until: \_\_\_\_\_ [date].

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_

_____ I extend this release of information. The release now expires: _____.
Signature(s): _____ Date: _____

