
INFORMED CONSENT FOR THE RELEASE OF INFORMATION

I, _____
(Name of individual authorizing release)

authorize _____
(Name of individual, entity, or person holding record)

to disclose
to _____
(Name of individual, entity, or person to receive the information)

the following information:

for the purpose of:

I understand that my records are protected under state and/or federal privacy laws and cannot be disclosed without my written consent unless otherwise provided for by state or federal law. I understand that once this data is released that it may be subject to further disclosure without my written consent. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, this consent expires automatically in one year or as described below, whichever is earlier.

Specification of the date or condition upon which this consent expires:

Executed
this _____ day of _____, 20____.

(Signature of individual authorizing release)

(Signature of witness)

*(Signature of parent, guardian, or
authorized representative, when required)*