Disability Advocacy Client Release of Information

Date:
Client Name:
Date of Birth:
Client Address:
I have by a sthanize (Name of Overanization/Individual valuation information).
I hereby authorize (Name of Organization/Individual releasing information):
To release the following information to (Name of recipient/agency):
To release the fellowing information to (Name of rediplenting energy).
Description of information to be released:
Purpose of release:
This authorization will expire on (date/event):
Additional limitations or instructions:

Signatures

Client Signature:	
Date:	
Witness or Guardian Signature (if applicable):	
Date:	