

# Domestic Violence Shelter Information Release

## Client Information

Client Name

Date of Birth

Address

Phone

Date

I authorize the release of the following information:

☐ Basic Identification Information

☐ Case Records

☐ Other (specify below)

To/From (Agency or Person receiving/releasing information)

Purpose of Disclosure

This release will expire on

## Client Rights

- I understand I can revoke this authorization at any time in writing.
- I understand signing this form is voluntary and will not affect my access to services.

Client Signature

Date

Witness Signature

Date