

Refugee Resettlement Service Release of Records Form

Client Full Name:

Date of Birth:

Address:

Phone Number:

Records to be Released

- ☐ Identification Documents ☐ Medical Records ☐ Legal Records ☐ Education Records
☐ Other:

Records to be Released To

Name / Organization:

Purpose of Request:

Authorization

Client Signature:

Date:

Witness Name:

Witness Signature:

Date: