Authorization to Release Information

I,, have discussed with [Agency] why I want information released and the privation	су
risks with it being shared. I give [Agency] permission to release the following information:	
Who my information may Name:	
be shared with: Title or agency:	
Contact information:	
What information may be shared:	
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 "wa have been explained to me.	ver"
This release is limited to the above information. If I want [Agency] to share additional information a me, I will sign another release.	bout
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:	



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