



Consent to Release Confidential Information

NAME: _____
Last First Middle

PHONE: _____
Home Work

ADDRESS: _____
Street City State Zip

I Hereby Authorize:

To Release Information to:

This consent has been made voluntarily, and I understand I may revoke this consent at any time except to the extent that action has already been taken to comply with it. A photocopy of this release is as effective as the original. This consent will automatically expire one (1) year after signing as noted below or expire under the following conditions:

My Signature

Date

Connections Staff Signature

Date