

# RELEASE OF INFORMATION AUTHORIZATION

1. Do not sign this form until all boxes are filled in on this form and only after a specific request for information has been made.
2. You do not have to sign this release as a required condition for service.
3. You need to make sure this release is in your best interest.
4. This release is limited to the individuals, agencies, or companies specified below on this form.
5. This release is limited to the specifications and purposes written on this form.
6. Information is not passed on to anyone else and is held strictly confidential in accordance with State and Federal laws.
7. You have the right to cancel this release at any time.

I AUTHORIZE *THE JOHN DOE COMPANY* TO EXCHANGE / RELEASE THE FOLLOWING INFORMATION:

TO:

FOR THE PURPOSE OF:

THIS RELEASE IS EFFECTIVE UNTIL DATE: \_\_\_\_\_

THIS RELEASE IS EFFECTIVE UNTIL VERBAL OR WRITTEN REVOKATION

DATE: \_\_\_\_\_

X CLIENT SIGNATURE: \_\_\_\_\_

PARENT or GUARDIAN SIGNATURE *if client is a minor*

JOHN DOE COMPANY

100 W. MAIN ST • YOURTOWN, IL 61800

(217) 555-0000