



CONSENT FOR RELEASE OF INFORMATION

Client/Consumer Name (print): _____

Date of Birth (mm/dd/yyyy): _____

_____(initial) I authorize BOTH The Independence Center and the party listed below to mutually exchange my personal information as listed below*.

_____(initial) I authorize The Independence Center to share personal information as listed below*.

_____(initial) I understand that I have a right to revoke this authorization at any time. If I revoke this authorization, I must do so in writing and present it to The Independence Center at the address listed at the bottom of this authorization form. I understand that the revocation will not apply to information that has already been released pursuant to this authorization.

This authorization will expire ONE YEAR from the date this release is signed, unless the individual chooses to revoke consent prior to one year.

Name (of designated individual or organization): _____

Relationship to Individual (if applicable): _____

Address: _____ Email: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

***List specific information to be released:**

Individual or Representative's Signature: _____ Date _____

Print Name: _____

IC Staff Signature: _____ Date _____