

CONSENT FOR THE RELEASE/EXCHANGE OF INFORMATION

I hereby authorize _____ to exchange information pertaining to:

AGENCY

CLIENT

DATE OF BIRTH

with: _____

The exchange of information is required for the following purpose:

and shall be limited to the following specific types of information:

This authorization for exchange of information is made with informed consent. The consent may be revoked in writing by the undersigned at any time except to the extent that action may already have been taken in reliance on it.

Further, I understand that this consent shall expire and must be re-obtained on _____.

DATE

A photographic copy of this authorization shall be considered as effective and valid as the original.

CLIENT SIGNATURE OR MARK (IF OF LEGAL AGE
AND LEGALLY COMPETENT)

DATE

PARENT/GUARDIAN/POWER OF ATTORNEY
(WITH COPY OF AUTHORITY ATTACHED)

DATE

WITNESS

DATE