## **Authorization to Release Information**

I, , have discussed with [Agency] why I want information released and the privacy risks with it being shared. I give [Agency] permission to release the following information:

Who my information may be shared with:	Name:
	Title or agency:
	Contact information:
What information may be shared:	

The information may be shared:	🗆 in person	🗆 by phone	□bv email	🗆 bv mail	🗆 bv 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 "waiver" have been explained to me.
  - This release is limited to the above information. If I want [Agency] to share additional information about me, I will sign another release.

\_\_\_\_\_ 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: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_Dat

Parent/Guardian signature (if required): Date:

I extend this release of information. The release now expires: Signature(s): Date:

© 2019. This template was created by Victim Rights Law Center. Preparation of this material was supported by grant number 2015-TA-AX-KO25 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, and conclusions expressed are those of the author(s) and do not necessarily represent the views of the U.S. Department of Justice.