

HRC RELEASE OF INFORMATION

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (only if required)

I hereby authorize the Marshall Public Schools HOOT Resource Center to:

\_\_\_\_\_ obtain from the following

\_\_\_\_\_ release to the following

Name: \_\_\_\_\_

Address: \_\_\_\_\_

the indicated documents/information pertaining to services received.

The documents to be released are described or listed as:

For the Date(s) of Service: \_\_\_\_\_

The records are required for the specific purpose of (optional):

I understand that my authorization will remain effective from the date of my signature for one year, and that the information will be handled confidentially in compliance with all applicable federal laws. I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication. I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date