

North Shore Community Action Programs, Inc.

Authorization for Release of Information

I _____ hereby authorize the release of information pertaining to my case record, **North Shore Community Action Programs to:**

My signature below acknowledges my understanding and authorization and consent for the following:

1. This release of Client Information Authorization is valid for one year;
2. This authorization covers both the release of that information specified above and information to be compiled during the course of client's involvement with the agency or program;
3. This authorization is subject to my revocation at any time except for information already released;
4. I understand that I have a right to receive a copy of this authorization;
5. A copy of this form is as valid as the original.

Name of Client/Parent/Guardian

Relationship to Client

Signature of Client/Parent/Guardian

Date: ____/____/____

Witness to Above Signature

Date: ____/____/____

Revocation of Authorization for Release of Information

WRITTEN REVOCATION: I hereby revoke my authorization for the above specified information.

Signature of Client/Parent/Guardian

Date: ____/____/____

ORAL REVOCATION: Client/Parent/Guardian revoked authorization for the above specified client.

Date: ____/____/____