



moxie: *The ability to face difficulty with spirit.*

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**RELEASE OF INFORMATION**

SUBJECT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_  
(name/title)

\_\_\_\_\_ (address) (city, state, zip)

\_\_\_\_\_ (telephone/fax) (email)

To exchange any and all information from their knowledge, records, and files regarding the named subject. The information shall cover any and all matters and shall not be limited to a particular period in time.

The information this authorization releases shall be furnished to:

in their role as

and may be used only in the proceedings for which they have been appointed or contracted. The information released by this authorization shall be unlimited.

This authorization may be revoked by the undersigned upon written notice received by the provider and such revocation shall take effect from and after receipt by the provider, however, any release made prior to receipt of revocation shall be deemed valid. This authorization shall be valid for one year from the date of my signature. **A photocopy of this release shall serve as an original.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_