

THE BREAKING GROUND

Release and Consent to Disclosure of Information

I, _____, hereby authorize and request _____
(Client name) (name of person/agency possessing information)

to release to _____
(name of person/agency requesting information)

any and all information listed below from the records pertaining to:

Name: _____

Address: _____

Date of birth: _____

Phone: _____

The extent or nature of information to be disclosed:

The purpose or need for this information:

In consideration of such disclosure on the part of the above named persons and/or institutions, I hereby release them from any and all liability arising therefrom.

This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon and will expire automatically within one year of signing.

Signature Date

Printed Name