

**CONSENT TO RELEASE INFORMATION**

August 7, 2018

\_\_\_\_\_  
Name of Individual: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**I / We hereby authorize:**

Name/Agency: \_\_\_\_\_

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

**To release to:**

Name/Agency: \_\_\_\_\_

**Any and all information about the above named individual pertaining to:**

\_\_\_\_\_

**for the purpose of:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of individual/parent/  
guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of individual/parent/  
guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Expiry date

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