PACE FAMILY SERVICES

AUTHORIZATION TO RELEASE INFORMATION

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (LAST 4#'S): _____

I HEREBY AUTHORIZE: **PACE FAMILY SERVICES** TO: (CHECK ONE)

_____ OBTAIN FROM THE FOLLOWING

_____ RELEASE TO THE FOLLOWING

RELEASE DOCUMENTS TO THE FOLLOWING:

NAME: _____ ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

THE FOLLOWING DOCUMENTS/INFORMATION FROM THE RECORDS PERTAINING TO THE SERVICES RECEIVED.

DATE OF SERVICE: _____

THE DOCUMENTS TO BE RELEASED ARE DESCRIBED OR LISTED AS:

_____

_____

THE RECORDS ARE REQUIRED FOR THE SPECIFIC PURPOSE OF:

_____

_____

I UNDERSTAND THAT MY AUTHORIZATION WILL REMAIN EFFECTIVE FROM THE DATE OF MY SIGNATURE UNTIL _____ AND THAT THE INFORMATION WILL BE HANDLED CONFIDENTIALLY IN COMPLIANCE WITH ALL FEDERAL LAWS.

I UNDERSTAND THAT I MAY SEE THE INFORMATION THAT IS TO BE SENT AND THAT I MAY REVOKE MY AUTHORIZATION AT ANY TIME BY WRITTEN, DATED COMMUNICATION.

_____ _____

SIGNATURE OF CONSUMER/CONSUMER'S DESIGNATED REPRESENTATIVE DATE

_____ _____

WITNESS SIGNATURE DATE