

General Release of Information Form
Authorization for Disclosure of Information

Requestor's Information

Full legal name:	Date of birth:
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Other known names:

I hereby authorize the following person and/or agency _____ to disclose the following information, now in your possession or control, to communicate with and answer any questions regarding this information; and to provide copies of records to and other parties listed here:

Please deliver my records to: _____ Email: _____

I understand that I may have a copy of this authorization.

Attorney/Agency Information

This authorization covers the approximate time period:

From: _____ To: _____

The purpose of this disclosure is:

This consent will expire:

The requested information may not be protected from re-disclosure by _____ or the law offices that represent me; _____ may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

Attorney's signature

Requestor's name

Signature of the Requestor

I have read this authorization and by signing acknowledge and freely consent to the disclosure of this information.

X _____

Requestor's signature _____ Date _____