

# Authorization for the Release of Information

(mm/dd/yyyy): \_\_\_\_\_

Consider these departments that we often work with in the / boxes below:



Complete each line below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete each line below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Preferred Method:

Date information is needed: \_\_\_\_\_

Written information will be faxed, unless an alternate method is checked:

