

Project REBUILD, Inc. RELEASE OF INFORMATION

Agencies or agency representatives that will be sharing information:

Name	Address	Date

The information is to be released is as follows:

*Please initial next to each category to be requested.

Education:

- Drop out verification
- Attendance records
- Certificates of completion
- Transcripts

Employment:

- Verification of employment
- Pay stubs

Legal:

- Probation/Parole Officer
- Nature of Offense(s)
- Mandatory Treatments

Other:

Please Specify _____

Medical:

- Diagnosis
- Medications
- Assessment

and is to be released for the purpose of _____.

This consent to release is valid for the duration of program participation, and the 12 months following or until otherwise specified, and thereafter is invalid.

By signing and dating this release of information, I allow the persons or agencies listed below to share specific information, as checked. I understand that this is a cooperative effort by agencies involved to best meet my needs.

I understand that at any time between the time of signing and the expiration date listed above I have the right to revoke this consent.

Participant Name _____ **Date of Birth** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Participant Signature _____ **Date** _____ **Parent or Legal Guardian Signature (if under age)** _____

Guardian/Responsible Party Relationship to Student _____

Witness Signature _____ **Date** _____ **Witness Position** _____

Building Skills, Building Lives, Building Community

