Consent to Release Information

### Valid only From \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ (3 months)

I

Full name of person giving consent

Of

Address

Client Phone No D.O.B

Hereby consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in obtaining information from or releasing information to the following agencies/workers:

Agency/worker: Issue:

Agency/worker: Issue:

Agency/worker: Issue:

I understand that although consent has been given, only information which is relevant to the matter indicated above, will be exchanged between services.

Client

SignatureDate

Parent/Guardian

Signature Date

Name:

Please Print

Please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with any queries or complaints regarding general privacy and personal information.