

INFORMED CONSENT FOR THE RELEASE OF DATA

I, _____
(Name of individual authorizing release)

authorize _____
(Name of individual, entity, or person holding record)

to disclose to _____
(Name of individual, entity, or person to receive the data)

the following information:

I understand this data may be protected under state and/or federal privacy laws and may not be disclosed without my written consent unless otherwise provided for by state or federal law. I understand once this data is released it may be subject to further disclosure without my written consent. I also understand I may revoke this consent at any time except to the extent that action has been taken in reliance on it and in any event this consent expires or as described below, whichever is earlier.

On specification of the date or condition upon which this consent expires:

Signature of Individual

Date

Signature of Parent/Guardian (if applicable)

Date

State of _____

County of _____

Signed or attested before me on _____ (date) by _____ (name(s) of person(s)).

(Apply Seal Below)

Signature of notarial officer

My Commission expires: _____