

## ***AUTHORIZATION TO RELEASE INFORMATION***

You are hereby authorized to release to \_\_\_\_\_, or any representative thereof, any and all information which may be requested regarding my background, and allow them to obtain or examine at their discretion, all records which you have regarding your condition, treatment or background.

A reproduction of this authorization shall be considered as effective and valid as the original.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

### **SUBJECT INFORMATION**

#### **(PLEASE PRINT)**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

CONTACT NUMBERS:(\_\_\_\_) \_\_\_\_-\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELLULAR

#### *IF APPLIES*

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_ FAX: \_\_\_\_\_

TAX ID: \_\_\_\_\_