

## CLIENT CONSENT FOR RELEASE OF INFORMATION

CLIENT NAME: (first, middle, last) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

In accordance with Federal Regulation Code 42, Part 2, I hereby authorize:

To release to/share with:

Treasure Coast Homeless Services Council, In  
2525 St. Lucie Ave  
Vero Beach, FL 32960

The following information:

\_\_\_\_\_ Financial Information  
\_\_\_\_\_ Housing Requirements  
\_\_\_\_\_ Other (please describe) \_\_\_\_\_

for services covering the dates from : \_\_\_\_\_ to \_\_\_\_\_ for the specific purpose of \_\_\_\_\_ . I release the above cited individuals or facilities of any legal liability that may arise from the release of the information requested. I understand that the agency cannot release information obtained from other sources. I understand that the individual/institution/agency receiving this information may not re-release it to any other individual, institution or agency. I also understand that this authorization for release of information will expire on \_\_\_\_\_ unless indicated below:  
(not to exceed 1 year)

Condition, date or event of earlier expiration \_\_\_\_\_  
I also understand that this release can be revoked, by me at any time and that the revocation must be signed and dated by me, and that the revoking of the release will not affect information released prior to the revoking of the release.

\_\_\_\_\_  
Head of Household Signature                      Date                      Relationship (if minor)

\_\_\_\_\_  
Spouse/Significant Other                      Date

\_\_\_\_\_  
Witness Name (Print)                      Witness Signature                      Date

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**\*\*I hereby revoke my consent for the release of the previously stated information\*\***

\_\_\_\_\_  
Signature                      Date                      Relationship (if minor)