

Unity Family Services
Moreno Valley, CA
951-384-1875
ufamilyservices@gmail.com

Authorization for Release of Confidential Information

I, _____ hereby consent and authorize **Unity Family Services** to release any information about me, to the agencies and people indicated below, and I also authorize the indicated sources to release information or documentation regarding my case to **Unity Family Services**.

Please write legibly!

| | | |
|-------|----------|--------------------|
| Name: | Address: | Phone #: Fax #: |
| Name: | Address: | Phone #: Fax #: |
| Name: | Address: | Phone #: Fax #: |
| Name: | Address: | Phone #: Fax #: |
| Name: | Address: | Phone #: Fax#: |

I understand that I have a right to receive a copy of this authorization. I understand that any cancellation, revokes or modification of this authorization must be in writing. I may revoke my consent at any time (except to the extent that the information has already been released). Please submit all writings to www.unityfamilyservices.org to be effective.

This disclosure of information and records authorized by Client or legal guardian is required for the following purpose:

This authorization shall be valid One year from the date of my case's discharge from **Unity Family Services**.

Signature

Date

Legal Guardian Signature (if not the parent)

Date