



600 West Loveland Avenue, Suite 2A
Loveland, OH 45140
Phone: 513-683-HOPE (4673)
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RELEASE OF INFORMATION

I, _____, authorize _____
to obtain and provide the following information _____
for the purpose of _____. I understand that I may
revoke this consent at any time except to the extent that action has been taken in
reliance on it, and that in any event this consent shall expire 90 days from the date
of my signature, unless another date is specified.

Specification of the date, event, or condition upon which consent expires _____

Client Social Security Number _____ Date of Birth _____

Please check appropriate type(s):

_____ release information to _____ obtain information from:

Client Signature Date Witness/Staff Signature Date

Parent/Guardian Signature (if minor) Date