



Authorization for Release of Information

(All parts of this form must be completed in compliance with applicable Federal and State regulations.)

Information

Client Name: _____

D.O.B.: _____

MR/CLIENT #: _____

Admission Date: _____

I hereby authorize **KIDSPEACE** _____ to exchange information with:
(Program)

Name: _____

Phone #: _____

for the purpose of:

The information to be **RELEASED** is:

Client Name: _____

MR/CLIENT #: _____

Oral Consent (to be signed by client)

[The remainder of the page is mostly obscured by heavy black redaction bars and horizontal lines.]