

RELEASE OF INFORMATION

I _____ acting as my own guardian
Name of **Person** (please print)

I _____ acting as the legal guardian of _____
Name of **Guardian** (please print) Name of **Person** (please print)

authorize the following:

- information to be sent from the Division of Services for People with Disabilities:
- information to be sent to the Division of Services for People with Disabilities:
- use of my real name, likeness (picture), and personal information in Division of Services for People with Disabilities publications
- other (please describe) _____

Describe Information (e.g., psychological tests, medical exams, referral information, person's name, likeness, data, personal information, person's story, etc.)	From: Name/Agency Street Address City, State, Zip	To: Name/Agency Street Address City, State, Zip

This release of information is in effect from: this _____ day of _____, 20____
, until the _____ day of _____, 20____.

Person's Signature _____ Date _____

Guardian's Signature _____ Date _____

Division/Provider Staff Signature _____ Date _____