

Legal Release to Obtain or Release Records

Date: _____

TO WHOM IT MAY CONCERN

I, _____, authorize NRCIL, to (Obtain)/(Release) any

- Medical
- Psychological
- Social
- Vocational
- Educational
- Other (Specify) _____

Materials (From/ To)

Name of employee or job title and entity exchanging information

Any information exchanged must be essential to the progress of my own or my child/children's goals as established with NRCIL staff members.

Name of adult, parent or POA/ guardian: _____

Child's Name: _____

Consumer's signature: _____

Representative from NRCIL: _____

This release Expires on _____ (Maximum of 90 days)

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