



410 West Loveland Avenue, Suite A  
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 Name \_\_\_\_\_

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