



AUTHORIZATION TO DISCLOSE PERSONAL IDENTIFIABLE INFORMATION

By filling out and signing this form, I am agreeing to permit [*name of service center or facilitator*] _____ to use or disclose certain personal identifiable information about me and the services that have been provided to me by [*name of service center or facilitator*]
_____.

This authorization is not valid unless all fields have been completed.

I, _____, authorize the use or disclosure of my personal identifiable information as described below:

1. [*Name of service center, facilitator, or both*]

_____ is authorized to disclose the following information about me to [*name of specific individuals and the entity they are associated with, or the name of an organization*]

2. I authorize the following information to be disclosed to the individuals or entities identified above:

3. The purpose of the use or disclosure of this information is:

4. This authorization is valid beginning _____ and expires on _____.

5. Acknowledgement.

I understand that the information used or disclosed under this Authorization Form may be subject to re-disclosure by the individuals or entities that are allowed to receive it, without any further consent from me.

I have the right to refuse to sign this Authorization Form. If signed, I have the right to revoke the authorization, in writing, at any time. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

Printed Name _____

Signature _____

Date _____