

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

Consumer Name: \_\_\_\_\_

I hereby authorize Chrysalis to (check all that apply):  Obtain from the following;  
 Release to the following;

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Information to obtain/release	Check all that apply
Treatment Plans	
Work Related	
Mental Health	
Educational	
Current/Past Health Records	
Criminal Background	

This consent expires (one year from date signed): \_\_\_\_\_

NOTE: The purpose or need for such disclosure is to best assist an individual with success in achieving their vocational goals. This consent to disclose may be revoked by me at any time, except to the extent that action has been taken in reliance thereon.

\_\_\_\_\_  
 Signature of consumer or persons authorized to consent Date

\_\_\_\_\_  
 Relationship of person signing release Date

NOTE: All matters relating to consumer records are considered confidential and are treated as such by the employees of Chrysalis. Information regarding such matters cannot be given without the consent of the consumer.