

Agency Name or Letterhead here

SAMPLE
CONSENT TO RELEASE INFORMATION

I, *[client name]* _____, agree that confidential information about me may be released to my advocate, *[name]* _____
_____, at *[your organization's name]* _____
_____, or persons under my advocate's supervision. Unless otherwise arranged, all information and documents should be sent to the business address where my advocate can be reached.

This release applies to the following individuals and/or entities:

[Name(s) of agency(s) from which you are requesting information.] _____

I understand that copies of this release form may be used in lieu of the original. I understand that I can change my mind at any time about who has permission to see my papers by putting this change in writing.

Signed: _____ Date: _____

Identifying Information: _____
The FIA case #, e.g.