

CONSENT TO RELEASE RECORDS/INFORMATION

The release of confidential records/information on _____,

Date of Birth: _____ is hereby requested by _____

() parent; () guardian; () individual (being 18 years or older).

Specific records/information to be released: _____

Reason for release of records/information: _____

The above described records/information and no other are to be released to:

Name/Title	Agency

Address	City	State/Zip

Signature of Party Consenting to Release of Records/Information (parent/guardian/client)	Print Name

Date	Client Signature

This consent to release records / information will remain in effect until I or my authorized agent provide written notice of revocation to all interested parties.

(Rev 2/2015)



The official registration and financial information of The Arc of Chester County may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement. The Arc of Chester County is a 501(c)(3) nonprofit organization—contributions to which are tax deductible to the fullest extent permitted by law.