

Release of Information Authorization

I/We, hereby authorize the New Hope Resource Center to secure information from and/or release information to any person, corporation, society, organization, government agency, institution, or other entity regarding my/our case record and/or circumstances.

I/We also, hereby authorize any person, corporation, society, organization, government agency, institution, or other entity to release to the New Hope Resource any information regarding my/our case records and/or circumstances.

This Release of Information Authorization will remain in effect to the New Hope Resource Center one year after date indicated below.

Printed Name _____

Signature and Date _____

Printed Name of Spouse _____

Signature and Date of Spouse if applicable _____