



CONSENT FOR RELEASE / OBTAINING INFORMATION

Participant Name: _____ (please print)

I, _____ hereby authorize
 _____ at Pacific Centre Family Services Association, to
 release and/or receive information from the following people or agencies:

I have been informed of the purpose for release of information.

Name of Person or Agency		This consent will expire 1 year from the date signed
Please do not release the following information:	Please release the following information:	
Signature of Participant		Date signed:
Signature of Parent or Guardian (if required)		Date signed:
Signature of Witness		Date signed:

Name of Person or Agency		This consent will expire 1 year from the date signed
Please do not release the following information:	Please release the following information:	
Signature of Participant		Date signed:
Signature of Parent or Guardian (if required)		Date signed:
Signature of Witness		Date signed: