

RELEASE OF INFORMATION

I, _____ AUTHORIZE The Mary Weslin Home housemother,

To contact _____

Name Address Phone

Name Address Phone

Name Address Phone

For the release of any or all; social, medical, and psychological information concerning myself, which might be pertinent to my progress during my residence at The Mary Weslin Home.

Client: _____

Date: _____

Parent/Guardian: _____

Date: _____