



Consent/Request for Release of Information

Consumers Name: _____ Date of Authorization: _____

Date of Birth: _____ Date of Expiration: **90 days post file closure**
OR expires on this date: _____

I, _____, authorize: **Southeast Alaska Independent Living** to:
Consumer, Parent or Legal Guardian

Please initial all that apply (do no mark with an 'X')

_____ Send Info to, _____ Request Info from: The **following person or agency**:

Person or agency

Please send atten: _____

Address: _____ Fax: _____

This information is for the purposes of: (Initial all that apply)

_____ Medical _____ Psychological _____ Educational _____ Financial

_____ Vocational _____ Social _____ IL Assessment _____ PCA

_____ Housing _____ Other: _____ (Please specify)

This information may be released in the following formats (Initial all that apply):

Verbal Written Electronic

Consumer Signature _____ Date _____

SAIL Staff Signature _____ Date _____

Parent or Guardian (If Applicable) _____ Date _____

This consent is subject to revocation in writing at any time except to the extent that action has been taken thereon. Without written revocation, it will expire on the above date.