

### Authorization for Release of Service Record Information

I, \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
(Name: first, middle, last)

hereby authorize Rehabilitation Services to release the following information contained  
in my case record \_\_\_\_\_

\_\_\_\_\_

This information may be released to \_\_\_\_\_

\_\_\_\_\_ (Person, organization, address, etc.)

for the purpose of \_\_\_\_\_

\_\_\_\_\_

**SPECIFICATIONS OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES:** I understand that I may revoke this release by notifying my VR Counselor at any time and that it will automatically expire within one (1) year of the date listed below.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if  
Appropriate

**Prohibition on Rediscovery:** This information will be disclosed from records whose confidentiality is protected by federal law. Federal regulations (34 CFR Part 361 and/or 45 CFR Part 2) prohibit any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of first offense, and not more than \$5,000 in the case of each subsequent offense. [Drug Abuse Office and Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 CFR 4582)]