

AUTHORIZATION TO RELEASE DISABILITY INFORMATION

I, _____ hereby voluntarily authorize _____, to disclose disability information from my records. Specifically, I authorize disclosure of disability documentation for purposes of job placement or supported employment only.

The following specific information can be released: _____

This information may be released to _____

This authorization will remain in effect from the following date until revoked by me in writing.

Consumer Name (Please Print)

Consumer Signature

Date