

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

We/I hereby authorize you to release all information documented by your agency or agency staff regarding my performance and/or concerns brought to your attention while I served your agency as a foster/host family care provider to Access Services.

Primary (print) _____

(sign) _____

Secondary (print) _____

(sign) _____

Witnessed _____

Prior Foster/Host Family Care Agencies:

Agency 1 Name: _____

City/State: _____

Contact Name & Phone: _____

Dates of Service: _____

Agency 2 Name: _____

City/State: _____

Contact Name & Phone: _____

Dates of Service: _____