



## Consent to Release/Request Information

I, \_\_\_\_\_, the undersigned, authorize United for Families to release/request the following information:

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Concerning-to/from (specify name and date of birth, if available):

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(designate name of individual/organization)

for the purpose of:

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It is my understanding that this information is confidential to those parties to/from whom it is released/requested. Permission for this release/request is effective for \_\_\_\_\_ the date of the signature.  
(specify period of time)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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Relationship: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date of Expiration of Release/Request for Information: \_\_\_\_\_