



Authorization for Release/Exchange of Information

Date: _____	Date of Birth: _____
I, _____ hereby give permission to Center of Concern , 1665 Elk Blvd. Des Plaines, IL 60016 to exchange information concerning my case management services and: _____ _____ _____	
To: _____ Person, Organization, Agency: _____ Phone: _____ _____ Address: _____	
This release of information is valid for 24 months from the signature date. I understand that I have the right to revoke this consent at any time. Revoking this consent shall have no effect on disclosures made before the withdrawal of consent.	
Client Signature: _____	Date: _____
Witness Name: _____	Witness Signature: _____ Date: _____