

**AUTHORIZATION TO FURNISH INFORMATION**  
**VOICES & CHOICES SUPPORT COORDINATION, LLC**

I \_\_\_\_\_ acting as my own guardian

Name of Person (please print)

I \_\_\_\_\_ acting as the legal guardian of \_\_\_\_\_

Name of Guardian (please print)

Name of Person (please print)

authorize the following: (Description of Information)

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To be sent from:

To be sent to:

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This release of information is in effect from: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ until  
the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Person's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Guardian's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Other or Witness

Date