

**Authorization to Release Information**

Consumer's Name:  
Date of Birth:  
Consumer's Social Security Number:

I hereby authorize **Land of Goods Vocational Consulting** to (check one):

\_\_\_\_\_ obtain from the following

\_\_\_\_\_ release to the following

\_\_\_\_\_ speak to the following

Name:

Address:

the following documents/information from the records pertaining to services received

The documents to be released are described or listed as:

The records are required for the specific purpose of: **Vocational Evaluation**

I understand that my authorization will remain effective from the date of my signature until \_\_\_\_\_, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication. I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Consumer/Consumer's Designated Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date