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**CONSENT FOR RELEASE OF INFORMATION**

 \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**Client Name (Please Print) Date of Birth (MM/DD/YYYY)**

**I authorize Multicultural Coalition, PO Box 1346, 325 W 4th St, Grand Island, NE 68802-1346, to Disclose/Receive (circle one) information contained in my record to/from (circle one):**

**Organization/Entity/Contact Name**

**Mailing Street Address**

## City State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

## Purpose for disclosure:

## 🞏 Client Advocacy 🞏 Immigration Legal Services

## 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific information to be disclosed: 🞏 documents/case file 🞏 verbal consultation.

 I understand this release is valid for one year from the date it was signed. I understand the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient. I understand authorizing the use or disclosure of the information identified above is voluntary and that I need not sign this form to ensure services. I understand that I have the right to revoke this authorization at any time except to the extent information has already been released in reliance of this form. To revoke this authorization, I must do so in writing and present it to Multicultural Coalition. The staff of Multicultural Coalition can not be held legally liable for the interpretation or use by person/persons to whom they are released.

**I have read and fully understand the above statements as they apply to me. I consent to the release of records/information for the purpose(s) stated above.**

Client Signature Date

Witness Signature Date

**DISCLOSURE**

This information has been disclosed to you from records protected by State and Federal Laws. You are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains. A copy of the Authorization shall be deemed valid as original. This Authorization must be signed and dated.