



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby grant the following organization to release the information described below from my records.

Name of organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Release information to:

Name of organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Information to disclose from my records:

Information will be used/disclosed as follows:

Signature

Date of birth

Date

Witness

Signature

Date

This authorization is valid for 90 days from the date of signing.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.