

Keys to Advancement, Inc.

Permission for Release of Information

By signing and dating this release of information, I allow the persons or agencies listed below to share specific information, as indicated by a "Yes" or "No", regarding my case. I understand that this is a cooperative effort by agencies involved to share information that will lead to better utilization of community resources and better cooperation amongst our agencies to best meet my needs.

Agency Seeking This Information:

Keys to Advancement, Inc. 12503 SE Mill Plain Blvd Suite 221 Vancouver, WA 98684 (360) 885-1010 (360) 882-0004 Fax

Agency/Person to Provide this Information: _____
(Agency/Person Name)

(Address, State, ZIP)

The information to be released is: (Check applicable boxes)

- | | |
|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Assmt. Information | <input type="checkbox"/> Benefits Analysis |
| <input type="checkbox"/> Medical Diagnosis | <input type="checkbox"/> Psychological Assessment |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Mental Health Records |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Criminal Justice Records |
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Employment Performance |
| <input type="checkbox"/> Media-Photos / Videos | <input type="checkbox"/> Background check |
| <input type="checkbox"/> Employment Records | <input type="checkbox"/> Assessments to determine skill |
| <input type="checkbox"/> Other (specify): _____ | |

and is to be released for the purpose of _____.
Keys to Advancement, Inc. will not re-release information received without a signed release.

This consent to release is valid for 90 days from the date of signature or, if ongoing communication is required, until otherwise specified up to a maximum of 1 year. Specify date, event, or condition on which permission will expire:

Effective Date

Expiration Date

I understand that at any time between the time of signing and the expiration date listed above I have the right to revoke this consent.

Participant Name

Address (Street, City, State, Zip)

Participant Signature

Date

Guardian Signature

Date

Guardian's Relationship to Participant

Agency Representative

Date