

CONFIDENTIAL

Northern Appalachian Teen Challenge, Inc.
Training Center

Consent to Release Information

I, _____, authorize Northern Appalachian Teen Challenge, Inc. and persons acting on its behalf to send the information stated below to the agency or person/s indicated requesting information for the purposes described.

Name of agency or person/s requesting information: _____

Address and/or facsimile number to where information is to be sent: _____

Purpose of information release: _____

Specific information disclosed: _____

Name of person releasing information: _____

I hereby agree not to hold Northern Appalachian Teen Challenge, Inc., its staff, directors, officers, and/or volunteers liable in any way for any reason pertaining to this release of information. I hereby acknowledge that I am personally requesting and authorizing this release of my personal information for the above stated purpose/s.

Student's printed name

Date

Student's signature

Date

Records Manager's signature

Date

Executive Director's signature

Date

This consent form is no longer valid for further release of information after the following date:

____/____/____