

Alcohol Drug Information School
CONSENT for the RELEASE of CONFIDENTIAL INFORMATION

Client Name: _____ **DOB:** _____

Date of authorization: _____ **Referred By:** _____

I authorize Volunteers of America to release the following information, including written, verbal and facsimile, to **Alcohol Safety Action Program (ASAP)**

_____ **Registration Information** _____ **Attendance of ADIS**
initial: (Client) *initial: (Client)*

_____ **Notice of completion/ non-completion**
initial: (Client)

This information is for the purpose of: *(initial each)*

_____ **Compliance** _____ **Data collection**
initial: (Client) *initial: (Client)*

I understand that the information to be released includes information regarding drug/alcohol use education. _____
initial: (Client)

I understand that my records are protected under the federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Expiration date (6 months from now) or date when consent expires:

(expiration date) *initial: (parent)* *(student)*

student signature _____ **date** _____

**signature of parent, guardian
or authorized caregiver
of students under age 18** _____ **date** _____



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Alaska