

Recovery On Purpose

Consent to Release Information

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I, _____, on behalf of myself and/ or
_____ consent to the release of the following
information:

To: _____ and vice versa (Yes/ No).

Dated at _____ on the ____ day of _____, 20 ____ .

This consent to release information is valid for _____ months from the date of
the signing.

Witness

Client