



Consent for Release of Information by Family Promise

By my signature, I authorize release of information on myself and/or my children listed below by Family Promise of Greater Indianapolis, Inc. for the purpose of assisting me/us to obtain temporary or permanent housing. I understand that the intent and purpose of the sharing of this information is to help various agencies better understand our situation as they assist in serving our needs.

The following party is whom I authorize my information to be released to:

The following date is when my permission for this information to be shared expires:

The following is the nature of the information I authorize to be shared:

This consent is subject to revocation by me/us at any time except to the extent that the program or programs which are to make disclosure have already taken action in reliance on it.

I acknowledge that the information to be released may include material that is protected by federal and/or state law applicable. I specifically authorize release of all confidential information.

Name of Participant (printed)

Signature

Date