

R.S.D., INC.
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, , do hereby fully authorize Resource, Support, & Development Inc.
(Name)

to disclose the following information in their possession:

SPECIFIC INFORMATION REQUESTED:

FORM IN WHICH INFORMATION IS TO BE RELEASED:

Written Verbal Audio Visual Electronic Other

To be Released to:

REASON/PURPOSE OF REQUEST FOR RELEASE:

Date of Request:

Signed: _____

Date: _____

Approved by: _____

**** This authorization is limited to the information/purpose indicated above and is not valid for any other purpose or at any additional future date.***