



Humboldt Community Access and Resource Center

Consent for Release of Personal/Confidential Information

- Comprehensive Career Services (707) 444-9631
Bay Center (707) 441-8625
Sequoia Center (707) 443-8317
Respite/Support Services (707) 443-7077
The Studio (707) 443-1428

To:
Address:
Phone:
To:
Client's Full Name:
Date of Birth:

I give HCAR permission to [] get from you [] give to you the following things:

Description of Information to be Released and Format:
Medical, social, psychological and vocational histories/assessments, program plans, progress reports, and emergency information in either written or verbal form.

This consent is good for: [] 30 days [] _____

This information may be used to help me find work. I understand I can change my mind and take back this permission at any time.

Client's Signature Date

Guardian/Conservator's Signature

If unable to write his/her name, the client should enter a mark witnessed by two other people.

Witness' Signature

Witness' Signature

From/Send Information to:
HCAR
1707 E Street, Suite 2
Eureka, California 95501-7621

Name of person who explained this form to client