



CONFIDENTIAL INFORMATION
Request/Release Form

I, _____, hereby grant permission for
Client's Name

_____ and _____ of
Name of Collateral Agency Coordinator

Jewish Family Service to exchange the following information:

for the purposes of:

This release is valid for a period of: _____

I understand this consent may be withdrawn at any time.

Signature of Client: _____

Signature of Client: _____

Date: _____