



Consent for Release/Exchange of Information

CRC # DVIP- 2\_\_ - \_\_\_\_\_

I \_\_\_\_\_ hereby authorize The Conflict Resolution Center, Inc. (CRC) staff to:

- Release information to, Obtain Information from, Exchange information with, my probation officer, my DSS Case Worker, the victim, other:

The following information pertaining to myself:

- Dates of Class Attendance or Absences, Dates of Completed intake or orientation, Telephone, email or physical address

This information shall be released for the purposes of:

- keeping everyone informed of my location and of my progress in the DVIP program

This consent will automatically expire after 1 year or upon completion of the DVIP program, whichever occurs last.

Revocation and Expiration: I understand that, with certain exceptions, I have the right to revoke this authorization at any time. If I revoke this authorization, I must do so in writing.

Notes of Voluntary Authorization: I understand that I may refuse to sign this authorization form. If I choose not to sign this authorization form, I understand that the DVIP staff at CRC cannot deny or refuse to provide the class; however, I will be responsible for providing copies of all the necessary documentation that the referring agency requires.

By signing below, you are confirming that you have completed the intake form and that the information contained therein is factual true. Your signature is also confirmation that you consent to the CRC releasing the above listed information to the parties as indicated above.

Signature of Client, Printed name of Client, Date, Signature of CRC/DVIP Staff, Printed name of CRC/DVIP Staff, Date