



**GRACE & MERCY IPM FOUNDATION**  
HELP US HELP THOSE THAT NEED US

[help@graceipmf.org](mailto:help@graceipmf.org) – [www.graceipmf.org](http://www.graceipmf.org)

(201)494-2380 ext. 2.

**Release of Information**

I \_\_\_\_\_ of legal age, \_\_\_\_\_ and social security number of \_\_\_\_\_

Currently residing at \_\_\_\_\_,

Do hereby authorize \_\_\_\_\_, with the address located at \_\_\_\_\_ to release the following records

These records include:

- Award Letter
- Doctors Note
- Proof of Income
- ID

The information to be released shall be for but not limited to the purpose of:

Bed Bug Preparation

Furniture replacement.

This authorization to release the records will remain effective (6 months) and this period, the recipient shall use the information in compliance with applicable laws and shall take all kinds of technical and administrative measures regarding data security.

I know that I can cancel this release of information at any time without any reason. \_\_\_\_\_ **Last date of effectiveness** \_\_\_\_\_

This authorization of \_\_\_\_\_ the recipient to authorize release of my information to third party without my written consent.

Signature \_\_\_\_\_

Signed by \_\_\_\_\_