



**Intake Staff Only**  
State: \_\_\_\_\_  
Chapter: \_\_\_\_\_  
Case #: \_\_\_\_\_

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize the staff of Bikers Against Abuse to release to \_\_\_\_\_

(Name of person and/or organization for which disclosure is to be made)

the following information from my records (specify extent and nature of information).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of the disclosure authorized herein is to:

Assist client in all capacities. This may include, but is not limited to case management, health, and legal matters.

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This consent to release information may be revoked by me at any time, except to the extent that information already has been released to authorized individuals. This consent, unless expressly revoked previously, expires on \_\_\_\_\_ (not to exceed 180 days).

(Specify date, event or condition upon which this consent expires)

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If required)