**NORTHERN CALIFORNIA PEOPLES ADVOCATE**

**RELEASE OF INFORMATION**

I HEREBY GIVE MY CONSENT TO HAVE THE NORTHERN CALIFORNIA PEOPLE’S ADVOCATE OBTAIN OR RELEASE ANY INFORMATIN CONCERNING MY EMPLOYMENT, FINANCIAL ASSETS AND OBLIGATIONS OR STATE OF PHYSICAL AND MENTAL HEALTH.

A REPORODUCTION OF THIS FORM SHALL BE AS EFFECTIVE AS THE ORIGINAL, WHICH I HAVE SIGNED.

**BENECIARY NAME:**

**DATE OF BIRTH:**

**SOCIAL SECURITY:**

**X-BENEFICIARY’S SIGNATURE:**

 X