

Islamic Social Welfare Assistance (ISWA)

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CONSENT TO RELEASE/DISCUSS INFORMATION

	hereby authorize
to release/obtain/discuss of any refollowing family members:	elevant information concerning me and/or the
To:	
For the purpose of:	
I understand that this authorization ☐ When I am no longer requ ☐ One year from this date ☐ Others	
Signature (Client):	Date:
Signature (Witness):	Date: