



**INFORMED CONSENT TO OBTAIN AND RELEASE INFORMATION**

I, \_\_\_\_\_, give my permission to New Hope Board and Lodge to exchange information with (individual/organization): \_\_\_\_\_  
\_\_\_\_\_.

This information will be used for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I understand that this information will be used for the purpose stated above, and will not be shared with any other person or agency without my written permission to do so, unless specifically authorized by law. I understand that I may refuse to authorize this exchange of information.

This authorization will remain in effect for one year from today, \_\_\_\_\_ (today's date). I understand that I may cancel this authorization at any time.

Resident signature: \_\_\_\_\_

Signature of witness: \_\_\_\_\_