



**The Spot – Young Adult Opportunity Campus
Goodwill Industries of Kentucky
CLIENT PERMISSION FOR RELEASE OF INFORMATION**

Client Name: _____ DOB: _____

My signature below indicates I give permission for the release of my:

*(Select All That Apply, **and** mark a line through any which **DO NOT** apply):*

- Vocational Assessments, Test Results, Observations and Progress Notes
- Social History, Justice Involvement/Background, and/or Intake Interview Documents
- Vocational Evaluation and/or Assessment Reports
- Monthly Progress Reports and/or Case Notes
- Employment/Wage Verification
- Other: *(Please Specify)* _____

From: _____ To: _____
(Agency or Program) (Agency or Program)

For the Purpose of: _____

I understand the information will be released through one or more of the methods check marked below:

- | | | |
|--------------------------|--------------------------------|-----------------|
| _____ 1. Written Reports | _____ 4. Photocopied Materials | 7. Other: _____ |
| _____ 2. FAX | _____ 5. Mailed Materials | _____ |
| _____ 3. Telephone | _____ 6. E-Mail/Virtual | _____ |

THIS RELEASE OF INFORMATION IS IN EFFECT FOR A MAXIMUM OF SIX (6) MONTHS FROM DATE OF CLIENT SIGNATURE, unless revoked in writing by the client. A photocopy of this release may be accepted in lieu of the original.

Release in effect: From: _____ To: _____

I understand the information requested will be kept confidential and will only be used to assist me while participating in services at The Spot – Young Adult Opportunity Campus.

Participant Signature *(or Guardian, if Applicable)*

Date

Witness Signature

Date