

FUTURES

education. employment. enrichment.

4207 Centennial Blvd., Colorado Springs, CO 80907 719-337-9264 futurescolorado.com

CONSENT TO RELEASE CONFIDENTIAL INFORMATION/PHOTOS, VIDEOS, STATEMENTS

Client/Non-client Name _____

Social Security Number (as applicable) _____ - _____ - _____ Birth Date (as applicable) _____

- I hereby authorize FUTURES to release information to: _____
- I authorize this to be a two-way release _____ (initial; not needed for photo release).
- I do NOT authorize FUTURES to photograph _____ (name) or use likeness to promote FUTURES.

THE FOLLOWING INFORMATION IS REQUESTED

- Medical Records
- Psychological Reports
- Social History
- Vocational/Residential Assessments
- *Photos, Videos, Statements, Printed Material
- Other

The above information will be utilized for: _____

This consent will remain in effect until (not to exceed one year) _____ (date of expiration)

**Photos, videos, statements, printed material may be used with or without my name and for any lawful purpose, including for example; publicity, reports, illustration, advertising, and web content including all social media.*

I do understand that I may revoke this authorization at any time, provided that I do so in writing to FUTURES.

I understand that information released between the effective date of this authorization and the date of revocation may still be used in the public domain.

Date _____ Signature of Individual _____

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of FUTURES Representative _____