



Western Michigan Teen Challenge

Request for Confidential Information

Should the receipt of confidential information be necessary, the following form should be explained and completed in the presence of the person about whom information is requested before any data is requested.

Date _____
Information is requested about _____
Information is requested by _____
Street Address _____
City, State, ZIP _____ Phone () _____
Brief description of information requested:

AUTHORIZATION
I, _____, by my signature and willful consent, do hereby grant permission to Western Michigan Teen Challenge to release to the person/agency named above information regarding when and how I was served by Western Michigan Teen Challenge. I understand that in so doing I am granting permission also for information that is deemed “confidential” to be released to the said individual.
This Release of Information Waiver is valid until _____, 20____.

Print Name

Signature

Date

Witness

Date