



# *Shores of Hope, PLLC*

## **Release of Information**

Date of Release Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

To Whom Information Should be Released:

To/From: \_\_\_\_\_

What Should Be Released Specifically?

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What Should NOT Be Released  
Specifically? \_\_\_\_\_

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Reason For Disclosure: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_