



AUTHORIZATION TO RELEASE INFORMATION

Member Name:

DOB:

Street Address:

City/State:

ZIP:

I understand this release is voluntary and applies to all programs and services operated under the auspices of REVEL, Inc. ("REVEL"). I understand that I may revoke this authorization at any time by notifying REVEL in writing but if I do, it will not have any effect on any actions taken before receipt of the revocation by REVEL.

I hereby authorize REVEL staff and mentors to share my teen/adult's name and background information with other REVEL mentors, members, REVEL families, related service providers, and community partners.

I hereby authorize REVEL to exchange / release / obtain information:

Verbally only In written form only Both verbally and in writing

Duration of release:

This release will remain in effect for the period of one year from the date of execution below or for the duration of membership with REVEL, whichever period is longer, unless otherwise stipulated or revoked in writing.

PRINT NAME and Relationship of Legally Authorized Representative to Member

Signature of Member/or Legally Authorized Representative

Date