



**CONSENT FORM FOR RELEASE OF CLIENT INFORMATION**

I, \_\_\_\_\_, ‡[\_\_\_], hereby authorize R. W. Buck, Jr. to [\_\_\_] obtain and/or [\_\_\_] release specific information concerning:

\_\_\_\_\_  
Name of Client

from/to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Relationship to Client

**Instructions for marked spaces:**

‡ Specify a number in the brackets:

- 1. Client
- 2. Parent
- 3. Legal Custodian

‡‡ Provide the nature and extent of the data to be released, be specific, do not use "any".

‡‡‡ Provide the specific purpose or need for this disclosure of information.

This data shall include ‡‡ \_\_\_\_\_

The purpose for releasing/obtaining this data shall be ‡‡‡ \_\_\_\_\_

I understand that I may revoke this consent at any time except to the extent that action based upon this consent has been taken. This consent expires automatically after 90 days from the date below unless specifically extended or is for the purposes of blanket release to an insurance company for the purposes of obtaining insurance benefits.

I extend this consent to cover \_\_\_\_\_ or [\_\_\_]no limit.

This authorization and request is fully understood and is made voluntarily on my part.

\_\_\_\_\_  
Signature **Client - Parent - Legal Custodian**  
(Circle one of the above)

\_\_\_\_\_  
Witness of Signature

\_\_\_\_\_  
Date of Signing