

Dream Building Consultants

**Release of Information Form**

**Client Name:** \_\_\_\_\_

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

**Regional Center:** \_\_\_\_\_

**UCI #:** \_\_\_\_\_

This is to inform you that I am authorizing your regional center and its staff to provide access to and copies of all documents contained in my son's/daughter's files to Dream Building Consultants and its staff. The regional center is also authorized to discuss my son's/daughter's services and case with Dream Building Consultants and its staff. Dream Building Consultants and its staff are authorized to provide information about me/my son/daughter to your regional center and its staff. This consent is valid for one year from the date signed unless I revoke it in writing prior to that date.

**Client Signature:** \_\_\_\_\_

**Client Printed Name:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_

**Authorized Representative Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_