



## Goodwill Excel Center – Authorization for Release of Information

Student Full Legal Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ SS# (if applicable): \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission for the Goodwill Excel Center to contact:

\_\_\_\_\_

(Name of agency and/or contact person(s) and address/phone/email as known)

**To request and/or release the below specified information:**

_____ Social Services utilization information	_____ Medical/Mental Health information
_____ School Records/Student information	_____ Criminal Background information
_____ Disability information	_____ Housing/Leasing information
_____ Other as specified:	

**The authorized disclosure is made for the following purpose(s):**

_____ Social Services Coordination	_____ Criminal Background Check
_____ Disability Verification	_____ Educational/Career Coordination
_____ Other as specified:	

This information will be kept confidential to the fullest extent of the law and will be viewed only by appropriate staff persons as authorized by Goodwill Excel Center.

I have read, or have had read to me, the information above and do freely, voluntarily, and without coercion agree to this authorization. I further authorize that a photocopy of this signed authorization be accepted as original. I understand this release is **valid for two years from date of signature**. Furthermore, I reserve the right to revoke this release at any time.

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Excel Center Staff Signature/Date

\_\_\_\_\_  
Parent/Guardian or Authorized Representative/Date

**REVOCAION (Student or Guardian Signature/Date):** \_\_\_\_\_