



FAMILY360 INC. & HOSANNA MINISTRIES, INC.

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www.HosannaMinistriesInc.org



AUTHORIZATION FOR RELAEASE OF INFORMATION

Consumer: _____ Date: _____

Date of Birth: _____ ID#: _____

Releasing Agency: _____

Person Requesting Information: _____

Address: _____

City: _____ State: _____ Zip: _____

To obtain information from: _____

Address: _____

City: _____ State: _____ Zip: _____

The following type(s) of information from my records (and any specific portion thereof):

For the purpose of: _____

All information I hereby authorize to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

One year

Signature Consumer/Responsible Party

Date

Signature of Witness

Date

USE THIS SPACE ONLY IF CONSUMER WITHDRAWS CONSENT

Date this consent is revoked by Consumer

Consumer/Responsible Party