

Veteran Homestead, Inc.

69 High Street
Fitchburg, MA 01420
Phone (978) 353-0234
Fax (978) 345-0926

Release of Information to: _____

Address: _____

Phone#: _____

I hereby authorize release to the Veteran Homestead, Inc. copies of hospital records, psychiatric records and criminal justice agency records to include sensitive information including drug, alcohol and HIV information.

I hereby release the Veteran Homestead, Inc. and its representatives from all claims or other liabilities arising from administration and use of such information. Further, I release any individual: corporation and government agency from liability arising from release of said information/documents to Veteran Homestead, Inc. or any of its representatives. A photocopy of this authorization is to be considered as an original. This authorization is to be effective as long as I am a resident of the Veteran Homestead.

Date: _____

Print Name: _____

Signature: _____

DOB: _____

Witness: _____