



## Authorization for Release of Information

I, hereby, authorize any investigator or duly accredited representative of Special Health Resources for Texas, Inc. bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic achievement, performance, attendance, and disciplinary action. I, hereby, direct you to release such information upon request of the bearer. I understand that the information released is for official use by Special Health Resources for Texas, Inc. and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I, hereby, release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

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Applicant's Signature

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Date

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Witness Signature

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Date