

Northeast Veteran Training and Rehabilitation Center Release of Information

NAME:	
ADDRESS:	
PHONE:	
E-MAIL:	

I hereby authorize release to the Northeast Veteran Training and Rehabilitation Center (NVTRC), a program of Veteran Homestead, Inc., copies of military and civilian hospital, psychiatric, criminal, financial, educational and personnel records, to include sensitive information such as pertaining to drugs, alcohol and HIV.

I hereby release the Northeast Veteran Training and Rehabilitation Center (NVTRC), a program of Veteran Homestead, Inc., and its representatives, from all claims or other liabilities arising from the release of said information.

This authorization is to be effective as long as I am a resident of the NVTRC.

Print Name: _____ DOB: _____
Signature: _____ Date _____
Witness: _____ Date _____