



Independent Living, Inc.

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____

do hereby consent to and authorize **ILI A&M** to disclose, share and/or exchange necessary information in the following forms:

***Written *Audio *Fax *Photographic *Verbal *Email**

for the specific purpose of Adaptations and Modifications with ILI A&M.

This information may be released to:

| Person | Agency /Organization | Phone |
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I understand that my records are protected under Wisconsin State Law and cannot be disclosed without my written consent, unless otherwise provided for in the law. I also understand that I may revoke this authorization at any time.

Signature of Consumer/Parent/Legal Guardian (incl. Relationship)

Date

Witness

Date

This release expires _____