



4501 Cathedral Oaks Road Santa Barbara, CA 93110
805 683-2145 phone 805 967-3647 fax

ADVOCACY SERVICE REQUEST AND
CONSENT FOR RELEASE OF INFORMATION

I/We, _____, hereby request advocacy assistance and personal representation from the Alpha Resource Center of Santa Barbara Office of Advocacy for _____
(Name of Individual)

This request is for the purposes of _____
(Goals of Advocacy Service)

I/We, with my/our signature(s) below do hereby authorize any authorized representative of the Alpha Resource Center Office of Advocacy to serve as personal representative for the individual named above.

I/We, with my/our signature(s) below do hereby authorize the recipient of this form to release any information regarding the person identified above which pertains to the purposes stated, to any authorized representative of the Alpha Resource Center Office of Advocacy.

I/We further authorize any authorized representative of the Alpha Resource Center Office of Advocacy to release any information regarding the individual identified above to any responsible individual, organization or agency pursuant to the purposes stated.

I/We further agree that a photocopy of this release shall be as valid as the original.

I/We understand that this request is valid only for the purposes specified and may be revoked by written notification to Alpha Resource Center at any time.

_____/_____/_____
Signature (Individual) Date

_____/_____/_____
Signature (Legal Agent if other than individual) Date

Please indicate relationship to individual: _____

RELEASE.ARC
RS:11\06

*Advocacy Services are provided free of charge by Alpha Resource Center of Santa Barbara.
The Office of Advocacy is funded entirely by private donations. All donations are tax-deductible.*