

APPOINTMENT OF PERSONAL REPRESENTATIVE

AND CONSENT FOR RELEASE OF INFORMATION

NAME: _____

DATE OF BIRTH: ____ / ____ / ____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

I, _____, hereby appoint and authorize _____ to serve as my personal representative in any and all matters pertaining to the services and benefits I may receive or be entitled to receive. I further authorize my personal representative to speak on my behalf in all matters involving related agencies, organizations and individuals.

I hereby authorize the recipient of this form to release any and all medical, social, psychological, educational, or other information about me to my personal representative. I further authorize my personal representative to release any information about me to any responsible individual, organization or agency.

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

This authorization shall remain in force until revoked by me in writing.

Signature

_____/_____/_____
Date

Personal Representative: _____

Address: _____

Telephone: _____