

**Far Northern Regional Center**  
 P.O. Box 492418, Redding, CA 96049-2418  
 1377 East Lassen Ave., Chico, CA 95973  
 421 Chestnut St., Mt. Shasta, CA 96067

**Authorization for Release of Information**

<b>Client Information</b>		
Last Name:	First Name:	Middle Initial:
Address:	City/State/Zip:	Date of Birth:
Client Phone Number:	UCI:	

**Authorization Details**

**Information coming from (disclosed by):** Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations), including FNRC, who are authorized to make use of and/or disclose the protected health information in this form.

Far Northern Regional Center	

**Information going to (Received by):** Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations), including FNRC, who are authorized to receive the protected health information described in this form.

Far Northern Regional Center	

**Purpose of this Release:**

Describe purpose of the information:

At the request of the consumer/legal representative?  Yes  No

**Information Authorized for Release:**

<input type="checkbox"/> All Information	<input type="checkbox"/> Educational	<input type="checkbox"/> Vocational
<input type="checkbox"/> IFSP/IPP	<input type="checkbox"/> Health Records	<input type="checkbox"/> Social Assessment
<input type="checkbox"/> Other (Please Specify):		

\*This authorization is limited to only that information that I have requested above to be used or disclosed to the persons/facilities named herein. I hereby release Far Northern Regional Center from all legal responsibilities or liability that may arise from the use or disclosure of health information in reliance on this authorization.

