



**CLIENT / TENANT RELEASE OF INFORMATION AND CONSENT FORM**

Forgiven Ministries, Inc. believes that it is important that we communicate openly with your supervision staff. As such, Forgiven Ministries, Inc., would like your permission to communicate, when necessary, with your supervision staff.

<b>Name of Client / Tenant:</b>	<b>Date of Birth:</b>
<b>Parole Number: (if known)</b>	<b>Telephone Number:</b>
<b>Address:</b>	<b>Primary Supervision Staff:</b> ___ SCI: _____ ___ Pennsylvania Department of Probation & Parole ___ Erie County Adult Probation & Parole ___ Other (Specify: _____)

I, \_\_\_\_\_, hereby authorize the release and exchange of information specified below between:

<i>SCI- _____ Institutional Parole Agent</i>	<i>PA Department of Probation &amp; Parole Agent:</i>	<i>Erie Community Corrections Center Counselor:</i>
<i>Telephone: _____ Ext: _____</i>	<i>_____</i> <i>221 East 18<sup>th</sup> Street</i> <i>Erie, Pennsylvania 16503</i>	<i>_____</i> <i>137 West 2<sup>nd</sup> Street</i> <i>Erie, Pennsylvania 16501</i>
<i>Other Treatment Provider: (Specify)</i>	<i>Erie County Adult Probation Department Agent:</i>	<i>Other (Specify):</i>
	<i>_____</i> <i>140 West 6<sup>th</sup> Street # 306</i> <i>Erie, Pennsylvania 16501</i>	

And

*Forgiven Ministries, Inc.  
518 Plum Street  
Erie, Pennsylvania 16507*

This release of information shall be limited to the following specific types of information:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Assessment                               | <input type="checkbox"/> Educational / Parole Information | <input type="checkbox"/> Treatment / Parole Plan |
| <input type="checkbox"/> Presence / Participation<br>In Treatment | <input type="checkbox"/> Continuing Care Plan             | <input type="checkbox"/> Employment Status       |

The purpose if this disclosure of information is to improve your reintegration into society and assist Forgiven Ministries, Inc., to better serve and place you into one of our transitional residences. If other purpose, please specify:

\_\_\_\_\_

This authorization for release of information is made with informed consent, and this consent is subject to revocation by written instructions of the undersigned at any time by sending notification to Forgiven Ministries, Inc. in writing. However, a revocation is not valid to the extent that parties have acted in good faith and / or reliance on such authorization. Forgiven Ministries, Inc., will treat any information received as confidential and disclosure by the recipient is prohibited, unless expressly permitted by law, the undersigned, or someone authorized to act on their behalf.

Client / Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

