



Release of Information

Authorization for use or disclosure of non-medical information
Between agencies/services

I _____ give my permission for the *Gateways Community Services of Greater Nashua, Inc.* to share information with other professionals, pertaining to _____, _____ D.O. B. regarding services from and for the following agencies/individuals:

Opportunity Networks

The purpose of the requested use or disclosure is:

To obtain information recommended or required by state regulations for day program services.

This Authorization shall expire on _____, 20____, which is no more than one year after its effective date, unless it is revoked prior to the expiration date.

Signed: _____ Date: _____