

**CLIENT CONSENT and
RELEASE OF INFORMATION AUTHORIZATION**
For Buffalo Area Service Network (BAS-Net)

This agency is asking your permission to **share** information about you with other agencies through the BAS-Net Community Database.

You may choose to share any or all of the following information by placing your initials next to the appropriate item.

_____ General Information (including name, social security number, date of birth, citizenship, emergency contacts, gender, race, marital status, household composition)

_____ Medical information (including mental health and alcohol/drug use but NOT HIV/AIDS status)

_____ Service history

_____ Military information

_____ Legal history

_____ Employment, skills, and income information

_____ Residential/housing information

_____ Other: _____

You may also specify which agencies you will allow access to your information.

My information may be shared with the following agencies:

I understand that I **may cancel this authorization at any time by written request**, but the cancellation will be active as of that date and not before it. I understand that this release is valid for one (1) year from the date of this document unless otherwise specified.

SIGNATURE OF CLIENT OR GUARDIAN

SIGNATURE OF WITNESS

DATE

DATE