

**REVOCACTION OF CONSENT**  
*For Buffalo Area Services Network (BAS-Net)*

I hereby revoke my consent to share personal information in the Buffalo Area Services Network (BAS-Net). The cancellation becomes effective on the date signed.

\_\_\_\_\_  
NAME OF CLIENT (PRINT)

\_\_\_\_\_  
SIGNATURE OF CLIENT (or PARENT OR GUARDIAN if under 18 years of age.)

\_\_\_\_\_  
SIGNATURE OF STAFF MEMBER CLOSING RECORD

\_\_\_\_\_  
DATE

\*\*\*\*\*

My client has made an oral request to revoke his/her consent to share personal information in the Buffalo Area Services Network (BAS-Net). The cancellation becomes effective on the date signed.

\_\_\_\_\_  
NAME OF CLIENT (PRINT)

\_\_\_\_\_  
SIGNATURE OF STAFF MEMBER CLOSING RECORD

\_\_\_\_\_  
DATE