



**Kansas State University**

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**CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_, authorize the release of the information specified below to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in regard to services provided to me for the purpose(s) of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The specific information to be provided consists of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may revoke this consent to release information at any time.

\_\_\_\_\_  
Client's signature Date \_\_\_\_\_

\_\_\_\_\_  
Witness's signature Date \_\_\_\_\_