



# Living Independently For Today and Tomorrow

P.O. Box 621, Glendive, MT 59330  
Phone: 406-377-4062 Fax: 406-377-4064

## Authorization for Release of Information

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consumers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

- I request and authorize to release specific information to LIFTT.  
 I authorize LIFTT to release specific information to you.

Purpose: \_\_\_\_\_

### Information to be Released:

- I E P     Financial     Housing  
 Employment     Vocational Rehabilitation  
 Medical Records     Other \_\_\_\_\_

\_\_\_\_\_  
Consumers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Expiration for this release will be one year  
from the date release is signed.*



