

STAR, Inc.
182Wolfpit Avenue
Norwalk, CT. 06851
(203) 846-9581 Fax (203) 847-0545

AUTHORIZATION TO OBTAIN OR RELEASE CONFIDENTIAL INFORMATION

This is to authorize STAR, Inc. to: Obtain from _____ and/or Release to _____

Name of organization or individual

Address City State Zip

Name of Consumer Social Security Number

Address City State Zip

Brief statement of the need for and proposed uses of information; e.g.; to assist in obtaining employment, for utilization of the development of plan of services, to inform State or Federal agencies of employment income, permission to have photograph taken for publicity or any other agency purpose.

Format of information to released/obtained: _____
Verbal/printed document/video/pictures, etc.

Date on which authorization expires: _____

This released information will not be further transferred without additional consumer authorization. This authorization may be withdrawn at any future time.

Signature of Consumer, if own guardian Date

Signature of Guardian, if applicable Date

Please send information to the attention of: _____