

**Consent for Release of Information to Family Members  
From Unyeway, Inc.**

I \_\_\_\_\_ authorize Unyeway, Inc.  
(self or conservator)

to release information pertaining to \_\_\_\_\_.  
(Consumer's Name)

**Information To Be Released:**

Medical, Psychological, Payroll/P&I, Assessments/Evaluations conducted by Unyeway, Inc. or Consultants of Unyeway, and Individual Program Plan information and progress.

\_\_\_\_\_  
Signature of Consumer or Conservator

\_\_\_\_\_  
Date

Authorization becomes invalid one year after the date of Signature.

If you do not wish information to be release please fill out below

\_\_\_\_\_ No Information May Be Released to anyone listed

\_\_\_\_\_ All Information may be release except \_\_\_\_\_.

\_\_\_\_\_ All Information may be released except to \_\_\_\_\_.

Authorization becomes invalid one year after the date of Signature

\_\_\_\_\_  
Signature of Consumer or Conservator

\_\_\_\_\_  
Date