

Consent for Release of Information to San Diego Regional Center From Unyeway, Inc and From SDRC to Unyeway, Inc.

**I _____ authorize Unyeway, Inc. and San
(self or conservator)**

Diego Regional Center to share 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**