



Applicant name: \_\_\_\_\_

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

I hereby authorize a representative from Treasure House to obtain from the entity,

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The following documents or items listed below that will be utilized solely for the admissions screening process for Treasure House. The items/documents requested are as follows:

- Program/ school progress notes
- Program/ school incident reports from the last one year (365 days)
- Program/ school representative phone interview(s)
- Any other relevant documents pertaining to applicant's eligibility for admission into a support living environment

I understand that my authorization will remain effective from the date of my signature until one year (365 days) and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release and agree to all terms listed within.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian/legal representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Treasure House Representative

\_\_\_\_\_  
Date