

**Ronald's Heart**  
401 E 1st St, P.O. Box 428 Sanford, FL 32772  
Phone: 407.494.3520 Fax: 407.624.4717



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## **AUTHORIZATION TO RELEASE INFORMATION/CONTACT DETAILS**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Previous (Maiden) Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to release personal information of the client named above to:

Name: Inspiration and Change, Inc., Ronald's Heart  
Address: 401 E. 1st Street, PO Box 428  
City: Sanford State: FL Zip Code: 32772

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This request and authorization applies to the release of:

- Name, address/location     Relative(s) names     Personal contacts     Homeless status  
 Other information being released (please this space)

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## **Signatures**

Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Person Obtaining (Printed) \_\_\_\_\_  
Person Obtaining (Signed) \_\_\_\_\_ Date Signed \_\_\_\_\_

**THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.**

