

**NEZ PERCE VOCATIONAL REHABILITATION SERVICES**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

POB 356 Lapwai, Idaho 83540

PH.: (208) 843-9395

1-866-440-11109

FAX: 843-9396

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize the Nez Perce Vocational Rehabilitation Services to:

(Please check appropriate section)

Check Here	Initials
_____ Furnished	_____
_____ Received	_____
_____ Furnished/Received	_____

Share information pertinent to my disability; (Not for NMPH)

Name of Person/Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (s) \_\_\_\_\_

I understand that the information is essential to the continuity of my care and will be kept confidential and used for professional purpose only. Further, I understand I may revoke this authorization at any time in writing. This release of information does not have any automatic expiration date. You may accept a photocopy with the same authority of original.

Dated: \_\_\_\_/\_\_\_\_/2012

Signature: \_\_\_\_\_

Witnessed by NPVRS Staff: \_\_\_\_\_