

Big Brothers Big Sisters of Great Falls

PROFESSIONAL RELEASE OF INFORMATION FORM

I, _____, hereby authorize _____
or its designee, to release information contain in _____ records on
file with your organization to Big Brothers Big Sisters of Great Falls, but only under the
conditions described herein:

- Disclosure is to be made only to Big Brothers Big Sisters of Great Falls.
- The requested information will be used in developing a client needs assessment.
- This consent shall expire upon discontinuation of services provided by Big Brothers
Big Sisters.

Contact Information for Counselor

NAME:

PHONE NUMBER:

ADDRESS:

Volunteer: _____ Date: _____

Program Specialist: _____ Date: _____

This client information release authorization form is prepared in compliance with Title 42
of the Code of Federal Regulations, Part II.