

**THE COCHE CENTER, LLC**  
**Release Of Information**

I, \_\_\_\_\_ hereby authorize:

Name or title of organization \_\_\_\_\_

Address (if needed) \_\_\_\_\_

to release to The Coche' Center information which may be of assistance to me.

The information that may be released is limited to:

\_\_\_\_\_

\_\_\_\_\_

These records are required for the following specific purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that my authorization will remain effective for a period of ninety (90) days from the date of my signature.

I also understand that I may revoke my authorization at any time (except to the extent that action has been taken in reliance thereon) by written, dated communication to The Coche' Center.

\_\_\_\_\_

\_\_\_\_\_ (witness)

\_\_\_\_\_

\_\_\_\_\_ (client signature)

\_\_\_\_\_

\_\_\_\_\_ (parent or legal guardian if a minor)

\_\_\_\_\_

\_\_\_\_\_ (date of authorization)