

## Records Release Information Form

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

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

Social Security Number: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

Phone Number(s) you can be reached: \_\_\_\_\_

Dates you were in Services: \_\_\_\_\_

Program(s) you were enrolled in: \_\_\_\_\_

Entity records are to be released to: \_\_\_\_\_

How records are to be delivered:

US Mail, Address \_\_\_\_\_

Fax, Fax Number \_\_\_\_\_

Pick up at The Counseling Center  
Monday thru Friday  
Between 8:00 am and 4:00 pm  
411 Court Street Portsmouth, Ohio 45662

Signature/Date: \_\_\_\_\_