

I, _____ give permission to Persons with Developmental Disabilities
name of individual, or legal guardian/representative (*please print*)
(PDD) program to give information and/or get information from the following service provider(s) or people. This information
could be given in writing or by talking.

Individual's name (*please print*)

Service Provider(s) / People

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

- The purpose of this release is to help with the individual's involvement in those services identified above. This consent is only valid during the period of the individual's involvement with the PDD program.
- Any additions or changes will need a new signature and a new date.
- If I change my mind about letting the PDD program give information to others, I must say **"No"** in writing.

Signatures

Signature of Individual or Legal Guardian/Representative	Date (yyyy/mm/dd)	Signature of Persons with Developmental Disabilities program staff
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