



Comprising the Counties of Giles, Floyd, Montgomery, and Pulaski, and the City of Radford.

Permission to Receive and Release Records

I, _____, Parent/Guardian/Caretaker/Self
of _____,

do hereby grant permission for *Project HOPE*, NRV, and/or its members to release records to the following agencies and/or individuals. I further grant permission for these same agencies/individuals to release information to *Project HOPE*, NRV and/or its members. This permission includes cumulative and confidential information which would assist any of those agencies, individuals or school districts in providing services.

INITIAL all that apply. Ex: (*AB*)

Program Partners:		Agencies:	
	Women’s Resource Center		Community Action
	New River Valley Community Services		Mont. Co. Emergency Assist.
	New River Family Shelter		Legal Aid
	Retired Senior Volunteer Program		Representative of the Court
	Beans and Rice		Housing Agencies (HUD, HIP, etc)
	Virginia Tech YMCA		Salvation Army
	Radford University		Department of Social Services
	Schools		Other:

Date Signature Date Witness

