

# SUMMIT COUNTY VICTIM ASSISTANCE PROGRAM

6300 N. Silver Creek Dr., Park City, UT 84098  
 Phone: (435) 615-3850 Fax: (435) 615-3852

## AUTHORIZATION TO RELEASE CLIENT/VICTIM INFORMATION

Client's Name:		Date of Birth:	
Other Name:		Social Security #:	
I request and authorize:	Summit County Victim Assistance Program/Victim Advocates		
To release information regarding my case to:			
<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Mental or Medical Health Care Professionals	
<input type="checkbox"/> Legal Counsel		<input type="checkbox"/> Other (specify)	
Name:			
Address:			
City:		State:	Zip Code:
I authorize the release of . . .			
<input type="checkbox"/> Information relating to the following incident(s):			Date:
<input type="checkbox"/> Information contained in my file and the victim advocates knowledge regarding my case			
<input type="checkbox"/> Other:			
<input type="checkbox"/> I authorize the release of my records with exception to the following:			
Client Signature:		Date Signed:	
Victim Advocate:		Date:	