



**Authorization for Release of Information**

I, \_\_\_\_\_, do hereby authorize Goodwill Industries of Middle Georgia, Inc./Helms College to release the following information.

**Information to be released:**

(Please initial what is requested or being released.)

- \_\_\_\_\_ Name
- \_\_\_\_\_ Attendance records
- \_\_\_\_\_ Accolades, awards, certificates, credentials
- \_\_\_\_\_ Test scores, grades, assessment ratings
- \_\_\_\_\_ Other

Sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization expires on **(check/complete one)**:

Date (Month/Day/Year): \_\_\_\_\_

When the following event occurs: \_\_\_\_\_  
(Please give a specific event i.e.; termination of employment)

I understand that this authorization is voluntary and that I am entitled to a copy of this authorization form. It has also been explained to me that the information may be subject to re-disclosure by the recipient and that if the organization/person authorized to receive the information is not a covered entity, the released information may no longer be protected by the Federal privacy regulations.

It has been explained to me that I may revoke this authorization at any time by notifying Goodwill Industries of Middle Georgia, Inc./Helms College verbally or in writing. It has further been explained to me the impact, if any, that my revocation of this authorization may have on my program at Goodwill Industries of Middle Georgia, Inc./Helms College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Copy of this form requested?  Yes  No