

## **ALAMEDA COUNTY SHERIFF'S OFFICE**



## **AUTHORIZATION FOR RELEASE OF PROTECTED INFORMATION**

I,, hereby authorize to release	ase the following
Information:	
To:	
For the following purposes:	
This authorization is in effect until (Date), when it ex	xpires.
I understand that by signing this authorization:	
<ul> <li>I authorize the use or disclosure of my individually identifiable infe</li> </ul>	ormation as described
above for the purpose listed.	
<ul> <li>I have the right to withdraw my permission for the release of my i</li> </ul>	nformation. If I sign
this authorization to use or disclose information, I can revoke that	t authorization at any
time. The revocation must be made in writing and will not affect	information that has
already been used or disclosed.	
<ul> <li>I have the right to receive a copy of this authorization.</li> </ul>	
<ul> <li>I am signing this authorization voluntarily.</li> </ul>	
<ul> <li>I further understand that a person to whom records and informat</li> </ul>	ion are disclosed
pursuant to this authorization is obtained from me or unless such	disclosure is
specifically required or permitted by law.	
Signed by individual:	Date:
Or signed by personal representative:	Date:
On behalf of (name of individual):	
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IDENTIFYING INFORMATION		
Copy of identification attached		
Type: (CA Driver's license benefits identification card, managed care card, Number:		
IF NO IDENTIFYING INFORMATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTARIZED		
Notarized by:		
On:	(Date)	
Notary Public Number:		
NOT OFFICIAL UNLESS STAMPED BY NOTARY PUBLIC		
PERSONAL REPRESENTATIVE INFORMATION		
WHAT LEGAL AUTHORITY DO YOU HAVE TO MAKE DECISIONS FOR THE		
Parent	Conservator	
Guardian	Executor of Will	
Power of Attorney	Other	
<b>Note:</b> Attaching legal documentation is required to verify that you are the parent, conservator, guardian, executor of a decedent's will, or have decision making for the individual.		