FIRSTAdvantage

Case #: _____

Client Name: _____

Affiliate Name: _____

Date: _____

# CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

NAME:_____

I do hereby authorize a representative of **First Advantage** to disclose to: _____

_____

(Name of Program, Organization or Person to Whom Disclosure is Made)

the following information_____

(Extent and/or Nature of Information to be Disclosed)

_____

_____

for the purpose of _____

(Purpose or Need for Disclosure)

**I understand that my records are protected under the Federal Civilian Employment Alcoholism and Drug Abuse Confidentiality of Records (42 CFR Part 2) and if a Federal Government employee, the Privacy Act of 1974. I understand that information about me cannot be disclosed without my written consent unless otherwise provided for the regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on this informed consent. I understand that even if I do not withdraw the consent that this statement of consent shall automatically expire on:** _____

_____

(Specify Date or Circumstances Under Which Consent Will Expire)

Signed on the _____ day of _____, _____.
Date Month Year

| | |
|---|---|
| **Print Name of Client** | **Signature of Client** |
| **Print Name of Witness/First Advantage Affiliate** | **Signature of Witness** |
| **Print Name of Parent Guardian/Legal Representative** | **Signature of Guardian/Legal Representative** |
| **Relationship of Above to Client** | |