



**AUTHORIZE FOR RELEASE OF INFORMATION**

I HEREBY AUTHORIZE Family Services, Inc. to release information regarding my case for the purpose of my financial management.

**Client Name** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Release to:** \_\_\_\_\_

**Information Granted:** \_\_\_\_\_

I HEREBY release the above named parties from any liability for revealing and releasing such information. It is understood that this information, once obtained is not to be released to any other company or individual.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Client**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**THORMINC MINISTRIES**

**THE HOUSE OF REFUGE MINISTRIES, INC**

**134 EAST CHURCH STREET JACKSONVILLE, FL**

**32202. PHONE: (904-354-2233) FAX: (904)-354-5561**