



Consent for Release of Information

To: _____ (Agency Name)

Name of individual: _____

I authorize the above-named agency to collect information or records, including but not limited to protected personal information, about me through the Homeless Management Information System of the San Joaquin Continuum of Care.

Data collected can be used according to the SJCoC HMIS Policies and Procedures and the SJCoC HMIS Privacy Policy and Data Sharing Policy. By signing this Release of Information, I certify that I understand my rights in relation to the collection, protection, and sharing of data through the HMIS.

By signing, I acknowledge that I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian and legally authorized to obtain these records. I acknowledge that any knowingly false representation made to obtain information from the above-named agency can lead to punishment by fine, imprisonment or both.

Client/legal guardian signature: _____ Date: _____
