

# Information Release Form

**PLEASE NOTE!**

This form must remain  
In the file of: \_\_\_\_\_

SACAP Form 12  
Revised 04/2017

I, the undersigned, hereby permit the Alabama Department of Rehabilitation Services and the State of Alabama Client Assistance Program to exchange written, verbal, or computerized information for the purpose of resolving a concern about my rehabilitation program I reported to the State of Alabama Client Assistance Program. I also permit the State of Alabama Client Assistance Program to have full access to all materials in my current Alabama Department of Rehabilitation Services case file in whatever form it may be recorded, stored, or held.

I understand the information released to the State of Alabama Client Assistance Program will only be used to help resolve the concern reported to the State of Alabama Client Assistance Program. It will only be discussed or shared with rehabilitation personnel and service providers who are part of my rehabilitation program or who evaluate my progress toward my vocational goal.

This Information Release Form becomes effective on the date I sign it and ends when the case is closed. I may cancel this release at any time by notifying, in writing, the State of Alabama Client Assistance Program at 400 South Union Street, Montgomery, AL 36104. Cancelling this release does not change any action already taken under this release. The State of Alabama Client Assistance Program may also cancel this release by notifying me in the manner most appropriate for my disability.

\_\_\_\_\_  
**Print Your Name**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Your Telephone Number**

\_\_\_\_\_  
**The County in Which You Live**

\_\_\_\_\_  
**Representative's Signature**  
(if not signed by Consumer)

\_\_\_\_\_  
**Relationship to Consumer**  
(if signing for Consumer)