

## Northeast Veteran Training and Rehabilitation Center Release of Information

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>E-MAIL:</b>	

I hereby authorize release to the Northeast Veteran Training and Rehabilitation Center (NVTRC), a program of Veteran Homestead, Inc., copies of military and civilian hospital, psychiatric, criminal, financial, educational and personnel records, to include sensitive information such as pertaining to drugs, alcohol and HIV.

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I hereby release the Northeast Veteran Training and Rehabilitation Center (NVTRC), a program of Veteran Homestead, Inc., and its representatives, from all claims or other liabilities arising from the release of said information.

This authorization is to be effective as long as I am a resident of the NVTRC.

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Witness: \_\_\_\_\_ Date \_\_\_\_\_