



Upper Great Southern Family Support Association Inc

### **AUTHORITY TO RELEASE INFORMATION**

I / We

.....

Of

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.....

\*\* the parents /. Guardians of: .....

Give authority to accessability / Upper Great Southern Family Support Association Inc of 107 Federal Street Narrogin WA 6312 to contact the following organizations and/or people to release information that will assist me to participate in recreation and / or alternatives to employment activities. Any information received will be treated in confidence and stored according to Policy & Procedure.

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Signed: .....

Date: .....

\*\* If other than the person with a disability is completing the form