

CONSENT FOR RELEASE OF INFORMATION



Empowering individuals with disabilities to live their fullest life. John 10:10

Please complete this form to give The Full Life Center, Inc. (FLC) authorization to release confidential information regarding the Beneficiary's trust sub-account. **The form must be completed and signed by the Beneficiary or his/her legal representative.**

BENEFICIARY NAME:		ACCOUNT NUMBER:	
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I authorize FLC to disclose the following information to the individual or agency listed below:

- All trust sub-account information
- Limited to: _____

Name of Individual: _____

Agency/Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

This consent will expire:

- When I submit written notice of revocation of consent to FLC. **Please note, the notice must be signed.**
- Date: _____

Completion of this form does not give the above individual/agency authorization to request distributions from the trust sub-account.

Signature

- Beneficiary
- Legal Representative of Beneficiary

Printed Name

Date

"My purpose is to give life in all its fullness" – John 10:10

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