

**The Arc of Cass County  
Consent for Release of Information for:**

\_\_\_\_\_  
(Name)

I hereby give consent to The Arc of Cass County to:

**Seek information** to and from **Case Managers, Developmental Disabilities Case Managers,** and/or **direct support systems/providers** that may need to be contacted in relation to The Arc's programs participation.

**Share information** obtained from my application and interview with a prospective **Buddy** and /or his/her **guardian.**

Please list contacts here:

\_\_\_\_\_

\_\_\_\_\_

**Allow interviewing, photographing and filming** to be used on local radio, television and brochures/newsletters for The Arc in an effort to inform the public about The Arc of Cass County and its programs.

I understand that all information released will be treated confidentially.

This release expires three years from date of signature.

I have read the above and understand the contents.

\_\_\_\_\_  
(Individual) Date: \_\_\_\_\_

\_\_\_\_\_  
(Guardian) Date: \_\_\_\_\_

\_\_\_\_\_  
(Program Coordinator) Date: \_\_\_\_\_