

**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: _____