

## Release of Information

**Please Print:**

I (We), \_\_\_\_\_,

\_\_\_\_\_

Give my (our) permission to Friends of Veterans, Inc. to advocate on my (our) behalf on those issues that I (we) have requested assistance in obtaining (shelter, food, other basic needs, referral to other agencies, etc). I (we) understand that in advocating on my (our) behalf, it may be necessary to obtain or release sensitive or confidential information regarding me (us) or my (our) family, but that it will only be done to assist with my (our) family request for assistance. I (we) further understand that all information is used only to meet advocacy needs and that it remains in strict confidence. I (we) understand that FOV works with other agencies to obtain monies or other needs in helping me (us). I (we) understand that I (we) may be referred to other agencies for help before Friends of Veterans contributes any funds to me (us). I (we) agreed that I (we) would follow through with referrals to other agencies for help. I (we) understand that I (we) am under no obligation to repay any assistance, and that any future donation that I (we) may make to the Friends of Veterans, Inc. is of my (our) own free will.

Signature (s) \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_