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## Permission for Release

I, \_\_\_\_\_, give Job Discovery Inc. and members of my Interdisciplinary Team (IDT) permission to release information concerning my medical, psychological, social and vocational records to each other via traditional mailing, fax or phone contact. I also give permission to Job Discovery Inc. to use my photograph for the purposes of events, displays (including web based), and news articles.

This release will remain in effect for one year from: \_\_\_\_\_ to \_\_\_\_\_

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Date

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If Representative, state relationship

### Initials

\_\_\_\_\_ Release of information

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