



*Society of St. Vincent de
Paul*

*Holy Family of Nazareth
Conference*

Authorization to Release Confidential Information

In consideration of the services to be undertaken or rendered on my behalf by the Society of St. Vincent de Paul, its members, agents, or affiliated organizations (hereinafter referred to as "SVDP"), I hereby authorize SVDP to receive from any and all sources, and to release to any person or organization, any confidential information regarding me which may be necessary or useful to SVDP in relation to the services to be rendered. I further understand that the release of this information does not guarantee that assistance will be provided, but without such my case cannot be presented to the Conference/Council for consideration.

Signature (Firma): _____ Date (Fecha): _____

Client Advocate(s): _____, _____