



5210 W. 4<sup>th</sup> Ave Kennewick, Wa 99336  
(509) 543-2910 www.4people.org contact@4people.org

## Client Release Revocation Form

### Instructions:

Submitting this form authorizes 4People and the Agency: \_\_\_\_\_ to remove personal information collected about you or your family with other non-profit, governmental, and volunteer organizations participating in the 4People Case Management Network.

Should you wish a copy of your records and those caseworkers that have viewed or provided input please authorize Agency \_\_\_\_\_ to produce these records for you.

I, Client (**First & Last**) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

hereby authorize the Agency listed in the block above to remove any of my information in its possession with other non-profit, governmental, and volunteer organizations participating in the 4People Case Management Network in order to coordinate services and assistance.

If you wish to limit this revocation to specific information, please specify the information that may be revoked. Limitations to this revocation:

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I understand that such information will be removed provided enough identifying information (name, birthdate, and SSN) was supplied above to identify my records in the 4people system.

By agreeing and submitting this form, having read the above or had it read to me, I understand the terms and conditions. I have also had the opportunity to ask any questions. Additionally, I am signing this revocation on behalf of my children that are under the age of eighteen (18)

**(First & Last)** Name Head of Household: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Name of Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #4 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #5 \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #6 \_\_\_\_\_ Age: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_