Volition Vocational
Authorization for Release of Client Information

I, _____,
hereby authorize **Volition Vocational Rehabilitation Services Inc.** to release the following information:

- Vocational Rehabilitation & Counselling Services: intake, interviews, assessments/evaluations, plans, counselling, interventions, and progress or closure reports.
- Vocational Rehabilitation Service: Transferable Skills Analysis (TSA) Report
- Other:

To the following parties:

- _____ (authorized company/person)
- _____ (authorized company/person)
- _____ (authorized company/person)

From the records of _____ (client name)

I consent to the use of this information by the authorized recipient for the purposes of

_____

_____.

I hereby release **Volition Vocational Rehabilitation Services Inc.** authorized to release information as named above, including its employees and agents, from any and all claims whatsoever which may arise as a result of the release of the above information.

I am nineteen years of age or older.

Date: _____

Client Name: _____

Client Signature: _____