



Hutchinson Escrow Services Inc.

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## *Authorization for Release of Information*

Please type or print:

I/We, \_\_\_\_\_,

Authorize (name of person or organization) \_\_\_\_\_

To release the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: (name and title of person of organization to which disclosure is to be made):

\_\_\_\_\_  
\_\_\_\_\_

For the following purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I/We acknowledge that I/We may revoke this Authorization in writing at any time, except for information which has already been released in accordance with this Authorization prior to my/our revocation.

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

Signature of parent, guardian (if person(s) is/are under 18 years of age) or legal representative: \_\_\_\_\_  
Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Prohibition against re-disclosure:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (ADA) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general Authorization for the release of medical or other information is not sufficient for this purpose.