



SAN DIEGO STATE UNIVERSITY

Center for Alcohol & Drug Studies & Services
Driving Under the Influence Program

CONSENT TO RELEASE OR EXCHANGE INFORMATION

I, (please print) _____, authorize the following information to be released to the individual or agency listed below. Information released may include enrollment status, progress to date, payment information, problems assessed, and/or recommendations, other (please specify) _____.

Name of Person/ Agency: _____

Relationship to Participant: _____

Contact Phone Number: _____

Fax Number (if applicable/optional): _____

Address (if applicable/optional): _____

Unless otherwise revoked, this consent is valid through _____ (MM/DD/YYYY).

I acknowledge and understand that information regarding my program participation is provided to the Court, County Probation Department, State Department of Alcohol and Drug Programs, San Diego County office of Alcohol and Drug Services and other DUI Programs (when necessary), and the California State Department of Motor Vehicles. The Program is required by law to report instances of child abuse, neglect and/or molestation, elder abuse, and expressions of intent to harm self or others. Other information may be released only upon a Court Order.

This releases the party or agency named above from any liability arising from the release of this information. It does not authorize either party to release information received to any other party. It is subject to revocation at any time except to the extent that action has already been relied thereon.

Participant Signature

Date

Below is to be completed by program staff only:

Witness & Title

Date