

**AUTHORIZATION TO RELEASE INFORMATION**

*The purpose of this form is to notify all staff of any serious illnesses and/or family deaths that you would like TSJC staff to be made aware of.*

**NOTICE:** By signing below: (1) you will allow TSJC to disclose confidential, personal, private information about you and/or your family member(s) to TSJC staff; (2) you release and indemnify TSJC, its members, trustees, officers and employees from any liability for losses, damages or claims of any type arising out of actions taken by TSJC in reliance upon this Authorization.

This authorization will remain valid for one year from the date written below.

**REVOCAION:** This authorization can be revoked by submitting a new authorization dated and signed after the initial Authorization.

In addition, you may revoke this authorization in writing at any time, which will be effective immediately after TSJC receives your written revocation by regular mail or courier at its premises located at 600 Prospect Street, Trinidad, CO, 81082. **Signed, faxed revocations will be accepted and the original authorization cancelled as long as the faxed communication is followed up with a mailed version of the revocation.**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Specific information you would like released by e-mail or other means to all staff (ie. parent passing away, extended illness, hospital stay, etc.): \_\_\_\_\_

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