



THE VILLAGE AT BROOKWOOD
RECORDS RELEASE AUTHORIZATION

I hereby authorize and request you to release the complete history records in your possession concerning my illness and/or treatment from _____ to _____.

To Be Released From:

Name _____

Address _____

City/State/Zip _____

To Be Sent To:

Name _____

Address _____

City/State/Zip _____

Patient Information:

Name _____

Address _____

City/State/Zip _____

Birthdate _____ SS# _____

Patient Signature _____

Date _____