

Muskegon River Youth Home  
3030 Long Lane  
Ewart, MI 49631

**Authorization Release of Information**

Client: \_\_\_\_\_

DOB: \_\_\_\_\_

By signing this I authorize the following to be released to Muskegon River Youth Home and/or see below for treatment planning purposes:

- \_\_\_\_\_ Court
- \_\_\_\_\_ DHS
- \_\_\_\_\_ Parent
- \_\_\_\_\_ Progress Reports (I.T.P., U.T.P, Discharge)
- \_\_\_\_\_ Substance Abuse Treatment Progress Reports

\_\_\_\_\_  
Clients Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This authorization will remain valid unless canceled in writing.

