

## Release and Verification of Information Consent

I \_\_\_\_\_, hereby authorize The Good Companions to  
(Name)

- Disclose information to the following
- Verify information with the following
- Conduct other verification pertinent to my volunteering with The Good Companions

### Reference(s)

1.) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(home) (cell/work)

Relationship: \_\_\_\_\_

2.) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(home) (cell/work)

Relationship: \_\_\_\_\_

3.) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(home) (cell/work)

Relationship: \_\_\_\_\_

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