



625 N. Walnut Street
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INFORMATION RELEASE

AGENCY NAME _____

AGENCY ADDRESS _____

CITY _____

STATE AND ZIP _____

AGENCY PHONE NUMBER _____

_____ authorizes a two-way exchange of information between Hannah's House and the above party. She understands this release to encompass all information including: psychological testing, medical history/records, legal records, counseling records, educational information, and drug/alcohol information.

Resident's Signature

Date

Director's Signature