

Stephen T. Wilson MSW, LICSW, PhD
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Release of Information

Name:
Type here

DOB:
type here

SSN:
type here

I *type here*
Name of person or
Agency: *type here*

Give permission to Steve Wilson to speak to:
Address:
type here

Phone : *type here*

To Release the following information:
type here

The purpose of this release is:
type here

**This release will be in effect for the next 90 (ninety) days, or if I should
repeal it. Note: It is Unlawful to pass on information on HIV or
Drug/Alcohol status.**

Signed _____
Today's Date

Guardian _____
Today's Date

Witness	Today's Date
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