

RELEASE OF INFORMATION
FRIENDS OF VETERANS
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I (we), _____,

_____,
Give my permission to Friends of Veterans, Inc. to advocate on my behalf on those issues that I have requested assistance in obtaining (shelter, food, other basic needs, referral to other agencies, etc). I understand that in advocating on my behalf, it may be necessary to obtain or release sensitive or confidential information regarding me or my family, but that it will only be done to assist with my request for assistance. I further understand that all information is used only to meet advocacy needs and that it remains in strict confidence. I understand that Friends of Veterans, Inc. works with other agencies to obtain monies or other needs in helping me. I understand that I may be referred to other agencies for help before Friends of Veterans Inc. contributes any funds to me. I agreed that I will follow through with referrals to other agencies for help. I understand that I am under no obligation to repay any assistance, and that any future donation that I may make to the Friends of Veterans, Inc. is of my own free will.

Signature (s) _____

Date _____