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### CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, born on \_\_\_\_\_ authorize  
(Client Name) (Date of Birth)

\_\_\_\_\_ to disclose to  
(Name of Program/Agency Making Disclosure)

\_\_\_\_\_ Iowa Attorney General's Office-Crime Victim Assistance Division  
(Name of Program/Agency Receiving Disclosure)

the following information: [State nature of information, as specifically and in as limited a manner as possible]

The purpose of the disclosure authorized herein is to: [State purpose of disclosure, as specifically and in as limited a manner as possible]

This consent expires as follows: [State specific date, event, or condition upon which this consent expires]

\_\_\_\_\_

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. If I do not revoke consent, this release will expire no more than one year from the date below.

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

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

Witness signature: \_\_\_\_\_