



Consent For Sharing Information Between Support Brokers

Consent to disclose records to be used for Support Broker Mentorship Program

I, _____, consent to the disclosure of the following records (individual receiving services, parent, or guardian)

by _____ to _____ (my Support Broker/Mentee) (Support Broker/Mentor)

for use in the Support Broker Mentorship Program:

All records

All records except for the following: _____

Three horizontal lines for listing exceptions to the 'All records' consent.

No records except for the following: _____

Three horizontal lines for listing exceptions to the 'No records except' consent.

Signature of individual receiving services, parent, or guardian

Date