



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Human Services

"Working Together to Make A Difference"

DISABILITIES & REHABILITATION SERVICES

CONSENT TO RELEASE INFORMATION

I _____, hereby authorize Department of Human Services, Division of Disabilities and Rehabilitation Services to obtain my medical records, summary or narrative of my protected health information relative to the Independent Living for Older Blind Program.

Print Name

Signature

Date