

Client Name: \_\_\_\_\_ ID# \_\_\_\_\_

Disclose no more information to:

\_\_\_\_\_  
Name of Organization/ Individual

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I understand this request does not apply to any uses or disclosures:

- Before Valley Cities Counseling & Consultation gets this revocation.
- Or
- Allowed or required by law

This revocation will apply to **ANY ACTIVE** Release of information, previously completed for the Individual/  
Organization named above.

\_\_\_\_\_  
Client Signature (or legally authorized individual)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Client