



New Generation, Inc.

Shelter program for pregnant/parenting women and their infants

568 Portsmouth Avenue/P O Box 676 *Greenland, NH 03840*Phone/Fax 603.436.4989

INFORMATION RELEASE

AGENCY NAME _____

AGENCY ADDRESS _____

CITY _____

STATE AND ZIP _____

AGENCY PHONE NUMBER _____

AGENCY FAX NUMBER _____

(Resident)_____ (DOB_____) authorizes a two-way exchange of information between New Generation, Inc. and the above party. She understands this release to encompass all information including: psychological testing, medical history/records, legal records, counseling records, educational information, and drug/alcohol information.

Resident's Signature

Date

New Generation Staff, Title

Date

D. INFORMATION RELEASE

Physician Hospital Mental Health WIC Pediatrician Employer School Other

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