

Grace Place Properties, Inc.
Consent for the Release of General Information

I, _____, give any police officer, parole or probation officer, court administrator, government agent, government agency representative, district attorney, city attorney, social worker, case worker or court, my consent to release to representatives of Grace Place Properties (“GPP”) and discuss with representatives of GPP, information regarding matters relevant to my status before them and their interactions with me, and my use or suspected use of alcohol or illegal drugs or misuse of prescription drugs. In this regard, you may, and I request that you do, provide GPP with periodic reports as requested, and a report at such other time that you deem appropriate, setting forth such information, including:

1. Whether I am cooperating with them.
2. Whether I am following any requirements.
3. Any modifications to any requirements.
4. Whether I am scheduling and attending appointments as directed.
5. Whether you have any safety concerns about me (whether to myself or others) and the basis for those concerns.

I give my consent for the purpose of allowing GPP to assist me in my recovery and spiritual growth, to determine my compliance with GPP requirements, rules or practices, to assess the appropriateness of my entering GPP or continuing to remain a part of GPP, or to assist me regarding any legal issues I may incur. GPP may use and disclose this information consistent with these purposes or similar purposes. I do not consent to any use or disclosure of my information for any other purpose.

I understand that I may withdraw my consent to release the information described above by providing you with written notice. Withdrawal of my consent does not affect any information disclosed before the written notice of the withdrawal is provided to you.

Unless revoked earlier, this consent expires on _____.

I have reviewed this Consent and I understand all of its terms.

My address: _____.

My Date of Birth: _____. My Social Security number: _____.

Printed Name

Signature

Date: _____