

Revocation Form

For Help Me Grow Authorization to Release of Information

Participant's Information:

Child's Name: _____ Date of Birth: _____

Address: _____

Parent/Caregiver: _____

Phone: _____ E-Mail: _____

I (individual/personal representative of individual above) hereby revoke (cancel) my previous authorization and take back my permission for HMG Maine to share records with

Name of Individual: _____ Organization: _____

Address: _____
Street Town/City State Zip Code

Telephone: _____ Email address (optional): _____

I understand and agree that:

I understand that this form only applies to future information. Records that were shared with my written permission cannot be taken back. I understand that this revocation will not be in effect until HMG Maine receives it.

Date: _____ Signature _____

Internal Staff Only:

Date Received: _____

