



Tucson Alliance for Autism

1002 N. Country Club Rd., Tucson, AZ 85716
(520) 319-5857
(520) 319-5979 (fax)

Authorization for Releasing Information for Development Purposes

I, the undersigned, do hereby authorize the Tucson Alliance for Autism to release information about the client named below, including general biographical and treatment information, photos, audio or videotapes, to donors and potential funding sources.

I understand that this authorization will remain in effect until authorization is withdrawn in writing.

I have the right to revoke this authorization in writing at any time.

Client: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Authorized by: _____ Date: _____

Signature

Print Name: _____

Relationship to Client: _____