



Release of Information

I, _____, hereby give permission to _____
Survivor name Agency name

To provide and share my personal information with the Ohio Alliance to End Sexual Violence by (please check all that apply):

- Email
- Phone (Calls and/or Text)
- Fax/Scanning
- Other: _____

I understand the OAESV staff has agreed to keep my information confidential and will only be shared for the purposes of securing safe housing.

This release of information is valid until the following date: _____

This release is limited to a maximum period of 365 days, and may be renewed in writing in the same manner as the original release.

I understand that I can withdraw my consent for this release of information in writing at any time by contacting housing@oaesv.org

This release of information is valid until the given date and only available under the consent of the survivor and can be revoked at any time due to case ending, or no longer needing housing assistance from The Ohio Alliance to End Sexual Violence.

Survivor Printed Name _____ Date _____

Survivor Signature _____ Date _____

Witness Printed Name _____ Date _____

Witness Signature _____ Date _____