

**Safe Harbor Rescue Mission**  
**210 2<sup>nd</sup> St SE**  
**Hickory, NC 28602**  
**Phone: 828-326-7233**  
**Fax: 828-322-4814**

**AUTHORIZATION TO RELEASE INFORMATION**

To: \_\_\_\_\_ Re: \_\_\_\_\_

I, \_\_\_\_\_, give my consent for the release of information,  
oral and/or in writing, to Safe Harbor Rescue Mission, from the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person at SHRM to receive information and/or records (name and title):

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_