



# LGBT Sanctuary Palm Springs

Release of Information for Sanctuary Palm Springs THPP-NMD

I \_\_\_\_\_ (print name), \_\_\_\_\_ (date of birth), hereby authorize \_\_\_\_\_ County to release any/or all of my foster care and /or ILP records, both while in care or after care including, but not limited to, court reports, medical, dental, school all immunization records, criminal history, housing and disability status for the purpose of supporting my application and/ or establishing my eligibility for the LGBT Sanctuary Palm Springs THPP-NMD Program.

\_\_\_\_\_

Signature of applicant

\_\_\_\_\_

Date