

## Information Release Consent Form

I authorize Language Access Resource Center (LARC), a program of DuPage Federation on Human Services Reform to use and disclose the information described below to externship host sites or customers who require interpreting services:

- TB Test Results
- Illinois State Background Check Results
- Confirmation of Drug Screening Results
- Confirmation of Immunizations
- Contact Information

This authorization shall be in force and effect until a) I no longer provide extern or interpreter services for LARC for a period of one (1) year or b) I revoke my authorization in writing at which time this authorization expires.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

I understand that the information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by Federal or state law.

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Printed Name

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Signature

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Date