



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICE  
DIPATTAMENTON SALUT PUBBLEKO YAN SETBISION SUSIAT



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**BUREAU OF SOCIAL SERVICES ADMINISTRATION  
DIVISION OF PUBLIC WELFARE**

**CONSENT FOR DISCLOSURE OF CLIENT INFORMATION**

This information is to be released from records whose confidentiality is protected by Federal law regarding right to privacy, which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or otherwise permitted by such regulations. A General Authorization for the release of medical or other information will not be sufficient for this purpose.

1. Name of Program to Give Information: <b>Office of Safe Environment</b>
2. Name of Person or Organization to Receive Information: <b>Archdiocese of Agaña</b>
3. <b>Name of Client (Print Name):</b>
4. Purpose or Need for Disclosure (Please be very specific): <b>Background Check - Child Abuse Registry</b>
5. Extent or Nature of Information to be Disclosed (Please be very specific): <b>Required for employee and volunteer positions that involve working with or having ongoing contact with children or minors.</b>

The client may revoke this Consent for Disclosure of Client Information at any time. This Consent shall be effective immediately and shall remain in effect until (date): _____	
_____ <b>Signature of Client / Guardian / Parent</b>	_____ <b>Signature of Person Requesting Information</b>
<b>Date:</b> _____	<b>Date:</b> _____
I HEREBY REVOKE CONSENT FOR DISCLOSURE OF THE INFORMATION TO THE PERSON OR ORGANIZATION ABOVE AS OF: _____.	
_____ <b>Signature of Client / Guardian / Parent</b>	_____ <b>Date</b>