



# The McShin Foundation

*The leader in recovery support services*

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## MC SHIN RELEASE FOR INFORMATION

DATE: \_\_\_\_\_

NAME (printed): \_\_\_\_\_

This contract is between \_\_\_\_\_ and The McShin Foundation.

I, \_\_\_\_\_, give The McShin Foundation authorization to speak to any person or organization necessary in order to help in my recovery. This includes but is not limited to parole officers, doctors, clinicians, friends, employers and family members.

\_\_\_\_\_  
Client (signature):

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

\_\_\_\_\_  
McShin Staff (signature):

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

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