

**Exhibit C**  
**Authorization to Release Information**

<b>Authorization to Disclose Information Regarding:</b>	
<b>Name:</b> (Last, First, Middle)	<b>Date of Birth:</b>
<b>Former Names:</b>	
<b>Authorization to Disclose Information Pertinent to RFQ 0734-293 to:</b>	
State of Washington Department of Social and Health Services Special Commitment Center	

**Authorization Details:**

I authorize release of information about my performance as either an employee or contractor. I understand that information may be provided verbally, by computer data transfer, mail, fax, or hand delivery.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested. The following also applies:

- This release will expire either when I am awarded a contract or I am notified that I am not an apparently successful bidder and will not receive a contract.
- I may revoke or withdraw my permission in writing at any time, but this will not affect the information already obtained or discussed.
- I understand that my records may no longer be protected under the laws that apply to DSHS after this disclosure.
- A copy of this document is valid to give my permission to disclose records and information.

<b>Authorized by: (please print)</b>	
<b>Authorizer Signature:</b>	<b>Date Signed:</b>