

# Goddard Riverside

INVESTING IN PEOPLE, STRENGTHENING COMMUNITY

## TOP OPPORTUNITIES & GREEN KEEPERS

61 West 87th Street, Basement  
New York, NY, 10024  
T: (646) 505-1088  
F: (646) 505-1096

### CONSENT FOR RELEASE OF INFORMATION

Participant Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

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

SSN: \_\_\_\_\_

To Whom It May Concern:

I have requested vocational services from the TOP Opportunities Program.

I authorize \_\_\_\_\_ to release the following information to the Program Director of the TOP Opportunities Program:

- Referral Packet
- Psychosocial Assessment
- Psychiatric Evaluation w/ Mental Status Exam
- Physical Evaluation

❖ All of the assessments have been completed within the last 3 months.

I understand that the requesting agency will maintain the confidentiality of this information and will not allow its release to any to any other person or agency without my consent. I also understand that the date of my consent will expire one year from the above date and that I may revoke my consent at any time.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Deborah Kaplan, LCSW, Director