



3rd PARTY RELEASE FORM

Client: _____ DOB: _____
(print full name)

I, _____, do hereby, give permission concerning the release of information concerning the details of my monthly device's reporting to _____, (relationship) _____.

Further, I give permission for any and all Smart Start employees to communicate directly with, _____, concerning my interlock or S.M.A.R.T. Mobile device and any and all issues having to do with the Voluntary Interlock program.

I understand I may rescind this action in writing at any time.

PERSON RECEIVING 3rd Party Information	
Printed Name:	_____
Mailing Address:	_____
City:	_____ ST: _____ Zip: _____
Telephone: Day:	_____
Evening:	_____
Email address:	_____

Client's signature: _____

Witnessed by: _____ (signature)

Printed name: _____

Date: _____

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