



### 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 / portable alcohol monitoring (circle one) device and any and all issues having to do with said devices. I understand I may rescind this action in writing at any time.

<p align="center"><b>PERSON RECEIVING 3rd Party Information</b></p> <p>Printed Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ ST: _____ Zip: _____</p> <p>Telephone: Day: _____</p> <p>Evening: _____</p> <p>Email address: _____</p>
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Client's signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_

Witnessed by \_\_\_\_\_ (signature)  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_