



Stratford Senior Services Transportation Program

Authorization for Release of Information

I, _____, authorize Stratford Senior Services to

Name

obtain/disclose written and/or verbal information from/to Greater Bridgeport Transit (GBT) for the purpose of providing transportation.

Information that may be shared or obtained:

- Medical Information
- Social, Psychological and/or Psychiatric information
- Demographic Information
- Other Information:

This consent may be withdrawn at anytime by signed request. If it is not withdrawn, it will expire two (2) years from date signed (below).

Signature: _____ Date Signed: _____

Or

Signature of Person
with Legal Authority
to Sign for Rider: _____ Date Signed: _____

(Attach copy of designation of Conservator/Power of Attorney)