

**PUBLIC UTILITIES COMMISSION**505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize any holder of the following information to release the information to the California Public Utilities Commission (CPUC) or its agents for the purpose of the CPUC evaluating my funding request for a Speech Generating Device (SGD), including the SGD device, associated accessories, mounting system, and telecommunications components.

- A. Medical records, information and any other health information;
- B. Medical insurance coverage and benefits, private or public, including MediCare, and any other medical insurance - related information; and
- C. Any and all information retained by SGD provider.

I certify that the information provided herein is accurate, true, and complete to the best of my knowledge. I understand that this authorization will remain in effect until revoked by me in writing. I understand that the CPUC will handle all information that it receives confidentially in compliance with all applicable federal and state laws.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT\_\_\_\_\_  
DATE\_\_\_\_\_  
SIGNATURE OF APPLICANT OR FAMILY CONTACT/LEGAL GUARDIAN

If Parent or Legal Guardian, please complete below.

\_\_\_\_\_  
PRINTED NAME OF FAMILY CONTACT/LEGAL GUARDIAN\_\_\_\_\_  
RELATIONSHIP TO APPLICANT\_\_\_\_\_  
ADDRESS\_\_\_\_\_  
TELEPHONE NUMBER\_\_\_\_\_  
EMAIL ADDRESS