

**NORTHEAST LOUISIANA WAR VETERANS' HOME**

RELEASE OF INFORMATION

To: \_\_\_\_\_  
Name of Hospital, Physician, or Agency

You are hereby authorized to furnish to the Northeast Louisiana War Veterans' Home any and all information relative to past and present medical or psychiatric care rendered. I release you from any and all legal liability that may result from such disclosure.

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rationale for Release of Information

NELWVH-2

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