



Revised May 2016

TRIBUNAL OFFICE - DIOCESE OF RAPID CITY

2101 CITY SPRINGS RD STE 200
RAPID CITY · SOUTH DAKOTA 57702-9617
(605) 716-5214 · FAX (605) 348-7985

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Client (Last, First, Middle Initial)			
Street Address	City	State	Zip

CLIENT RELEASE AND SIGNATURE

1. I Hereby Authorize: (Name, Address, and Phone)

2. To Release Information To: (Name and Address of Person/Agency to Receive Information)

TRIBUNAL OFFICE 2101 CITY SPRINGS RD STE 200 RAPID CITY SD 57702-9617	605-716-5214 (Ext 215)
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3. The Following Information Is Requested: (Be Specific)

Furnish any records or information in your possession concerning the above-named client, during his/her treatment during the period of time from _____ to _____.

This may be done in full or in summary fashion.

4. The Information Identified Above Will Be Used For: (Be Specific)

This information will be used by the Tribunal for the purpose of assisting in the process of determining the validity of the marriage bond.

5. This release of information consent remains in effect until a) _____

- or - [Date]

b) a Decree of Invalidity is issued, or the invalidity study is abated or discontinued.

[Specific Event Terminating Operation of the Release]

Please note: Canon law requires that before the judge renders a decision on your nullity study, you and your former spouse are given the opportunity to view all testimony and evidence unknown to them. This includes psychological reports and counseling records. This is called the Publication of the Acts. Before viewing the evidence, each Party is required to sign an oath promising not to reveal anything learned, nor to act in retaliation. It is not required that either Party use their right to view the Acts. Furthermore, Respondents who have relinquished their right to participate in the process have also relinquished their right to the Publication of the Acts.

_____ (Initial) I have read the above statement and agree to the terms.

CLIENT CONSENT:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is as effective as the original.

Signature of Client:	Date:
Signature of Parent/Guardian or Custodian (If needed):	Date:
Signature of Witness:	Date: