



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.

PERSON RECEIVING 3rd Party Information

Printed Name: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Telephone: Day: _____

Evening: _____

Email address: _____

Client's signature: _____

Date signed: _____

Witnessed by _____ (signature)

Printed name: _____ Date: _____