



Medical / Mental Health Release Form
Main Office
801 Saint Paul St
Baltimore, MD. 21202
410-244-1733
www.jesuitvolunteers.org

By completing and signing this document, I authorize the release of my medical, counseling and / or psychotherapy records as well as any other information concerning my mental and physical health, including medical and mental health history to the program staff of Jesuit Volunteer Corps.

PHYSICIAN/COUNSELOR/THERAPIST INFORMATION

Physician/Counselor/Therapist Name

Address City State Zip

Phone Number Fax Number

Signature

Date

APPLICANT INFORMATION

Name Phone Number

Signature

Date

WITNESS INFORMATION (MEMBER OF JVC STAFF)

Name Phone Number

Signature

Date

Baltimore - 801 Saint Paul St | Baltimore, MD 21202 | 310-244-1733
Detroit - PO Box 21936 | Detroit, MI 48221 | 313-345-3480
Santa Clara - PO Box 459 | Santa Clara, CA 95052 | 408-241-4200
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