

Client Revocation Form



Date: _____

Agency/Organization: _____

Agency Representative and Phone Number: _____

Client's Full Name: _____

Client's Social Security Number: _____

Date of Birth: _____

I hereby revoke my consent for the agency listed above to enter my personal information into the MAACLink system. I understand that this revocation will apply going forward, however any information already entered in the system will remain for reporting purposes. I also understand that if in the future I sign a Client Release of Information form for MAACLink at this agency, or any other participating agency, it will nullify this revocation form from that point forward.

This revocation includes myself and the following dependents:

Name	Social Security Number	Date of Birth

Client Signature: _____