



AUTHORIZATION TO SHARE INFORMATION

Applicant Name Shenika Breed Birth Date 7-25-77

I, Shenika Breed authorize Transformations, and

Reference Name: Nicholas Bloodworth

Address: nwbloodworth@campbellsville.edu

To share with one another the following items: work history, current employment, personal impressions of work and other information needed from Transformations.

I understand that the purpose of sharing this information is for contract employment reference.

This authorization will expire on _____, or immediately following the revoking of the authorization, or after the following event has occurred if this is a one time release.

I understand that pursuant to KRS 304.17A-555-Patient's Right of Privacy Regarding Mental health or Chemical Dependency-Authorization Disclosure, my Protected Health Information, used and /or shared under this authorization may not be shared by the recipient of the information beyond the purpose for which my authorization was given, without first obtaining my specific written consent to the re-disclosure.

I have read and understand this authorization.

Shenika Breed
Signature/date

Shenika Breed
Printed Name

Witness/date



AUTHORIZATION TO SHARE INFORMATION

Applicant Name Shenika Breed Birth Date 7-25-77

I, Shenika Breed authorize Transformations, and

Reference Name: Nikki Erwin

Address: neerwingcampbellsville.edu

To share with one another the following items: work history, current employment, personal impressions of work and other information needed from Transformations.

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Shenika Breed
Signature/date

Shenika Breed
Printed Name

Witness/date



AUTHORIZATION TO SHARE INFORMATION

Applicant Name Shenika Breed Birth Date 7-25-77

I, Shenika Breed authorize Transformations, and

Reference Name: Mary Badami

Address: mbadami@campbellsville.edu

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I have read and understand this authorization.

Shenika Breed
Signature/date

Shenika Breed
Printed Name

Witness/date