



CONSENT TO NOTIFY OF RELEASE
NORTH DAKOTA SUPREME COURT
SFN 17251 (F-8) (Rev. 08-2015)

Name of patient:

Name of official:

Name of facility:

Name of community agencies and/or persons which may be notified:

I consent to allow the official of this facility to notify all community agencies and/or persons identified in this form of my release from treatment for mental illness or chemical dependency and of the suggested release plan.

This consent is executed voluntarily and without duress or obligation on the date indicated below.

Dated this _____ day of _____ of _____.

X _____
Signature of Patient