



CONSENT TO NOTIFY OF RELEASE
NORTH DAKOTA SUPREME COURT
SFN 17251 (F-8) (Rev. 07-2019)

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 a substance use disorder 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