NJHMIS Collaborative
Client Revocation of Consent to Release Information for Data Sharing via NJHMIS

I hereby revoke permission for this partner agency in the New Jersey Continuums of Care Collaborative to share my personal information and information regarding my family in the New Jersey Homeless Management Information System (NJHMIS). I understand that my information will remain in NJHMIS as part of the non-identifying data collected on homeless services provided through the Continuum of Care.

I understand that this revocation will become effective immediately upon receipt of my signature.

_____	_____	_____
Client Name (Please Print)	Client Signature	Date
_____	_____	_____
Guardian Name (if required)	Guardian Signature (if required)	Date

Executed at:

_____

Name of Partner Agency

_____	_____	_____
Agency Personnel Name (Please Print)	Agency Personnel Signature	Date