



**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  |