



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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### GENERAL RELEASE

I, \_\_\_\_\_, hereby authorize the release of any and all records and information pertaining to me for use by the Texas Department of State Health Services in a pending investigation and/or legal action.

I specifically direct that said records and information be released to any investigator of the Texas Department of State Health Services.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_