



REQUEST FOR DISCHARGE OF VOLUNTARY PATIENT

State Form 46613 (R / 3-06) / OGC 0003

TO:

Name

I am in voluntary treatment in this facility, and I do now request my release.

Signature	Printed name	Date (<i>month, day, year</i>)
-----------	--------------	----------------------------------

REQUEST FOR DISCHARGE ON BEHALF OF MINOR VOLUNTARY PATIENT

TO:

Name

My child / ward, _____, is in voluntary treatment in this facility, and I do now request his / her release.

Signature	Printed name	Date (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		Telephone number ()