



## Client Revocation of Consent

I hereby revoke permission for this Participating Agency \_\_\_\_\_ to share my personal and household information in the Ventura County Homeless Management Information System (VCHMIS), a project of the Ventura County Continuum of Care (VCCoC).

I understand that the information will remain in the VCHMIS, but the information will no longer be available to any other participating agency.

\_\_\_\_\_  
NAME of Client/Guardian (printed)

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Date signed