

**Notice of Release**  
(NAS Sec 71-937)

Name of Treatment Facility: _____
Address: _____
Name of Subject: _____
Case Number: _____

To: The Mental Health Board of the \_\_\_\_\_ Judicial District, \_\_\_\_\_  
County, Nebraska.

To: \_\_\_\_\_ County Attorney,  
\_\_\_\_\_ County, Nebraska.

The above named person has been under our care for treatment of \_\_\_\_\_  
\_\_\_\_\_. We are releasing this person from our treatment facility.

Administrator or Program Director \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.