

State of Louisiana  
Louisiana Department of Health  
Office of Behavioral Health

## Request for Release – Formal Voluntary Admission

\_\_\_\_\_

Facility

I, \_\_\_\_\_, \_\_\_\_\_, was admitted to  
(Patient Name) (Hospital/Patient #)

\_\_\_\_\_ on \_\_\_\_\_  
(Facility) (Date)

as a formal voluntary admission, now request that the Director release me within 72 hours.

Signed:

\_\_\_\_\_

(Patient Signature)

\_\_\_\_\_

(Date & Time)

Witnessed by:

\_\_\_\_\_

(Staff Signature)

\_\_\_\_\_

(Print Staff Name)