



Authorization — Consent to Release Information

This is a(n) _____ Date of Prior Request (if applicable): _____

Agency Requesting Information:

Name of Agency		Name of Agency Representative		
Address of Agency				
City	State	Zip	Email	
Phone 1	Phone 2	Fax	Date	

Youth Information

Full Name		Date of Birth	
Mailing Address			
City	State	Zip	Phone
Type of Identifier: <input type="checkbox"/> SSN <input type="checkbox"/> School ID <input type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Child Welfare Case # <input type="checkbox"/> Case Report # <input type="checkbox"/> JD#		Identifier:	

Name of Consenter/Person Authorizing Consent

Name		
Mailing Address		
City	State	Zip
Email	Phone 1	Phone 2
Type of Identifier:	Identifiers:	Role:

Authorizes:

- | | | | | |
|---|--|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> CDE | <input type="checkbox"/> District Court | <input type="checkbox"/> Municipal Probation | <input type="checkbox"/> Attorney/PD | <input type="checkbox"/> GAL |
| <input type="checkbox"/> CDCW | <input type="checkbox"/> LEA | <input type="checkbox"/> District Probation | <input type="checkbox"/> JAC | <input type="checkbox"/> DYC |
| <input type="checkbox"/> OBH | <input type="checkbox"/> District School | <input type="checkbox"/> Diversion | <input type="checkbox"/> SB94 | <input type="checkbox"/> County Court |
| <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Private School | <input type="checkbox"/> DA | <input type="checkbox"/> County DHS | |
| <input type="checkbox"/> Service Provider | | <input type="checkbox"/> Other | | |

To Release Information To:

- | | | | | |
|---|--|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> CDE | <input type="checkbox"/> District Court | <input type="checkbox"/> Municipal Probation | <input type="checkbox"/> Attorney/PD | <input type="checkbox"/> GAL |
| <input type="checkbox"/> CDCW | <input type="checkbox"/> LEA | <input type="checkbox"/> District Probation | <input type="checkbox"/> JAC | <input type="checkbox"/> DYC |
| <input type="checkbox"/> OBH | <input type="checkbox"/> District School | <input type="checkbox"/> Diversion | <input type="checkbox"/> SB94 | <input type="checkbox"/> County Court |
| <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Private School | <input type="checkbox"/> DA | <input type="checkbox"/> County DHS | |
| <input type="checkbox"/> Service Provider | | <input type="checkbox"/> Other | | |

To Receive Information From:

- | | | | | |
|---|--|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> CDE | <input type="checkbox"/> District Court | <input type="checkbox"/> Municipal Probation | <input type="checkbox"/> Attorney/PD | <input type="checkbox"/> GAL |
| <input type="checkbox"/> CDCW | <input type="checkbox"/> LEA | <input type="checkbox"/> District Probation | <input type="checkbox"/> JAC | <input type="checkbox"/> DYC |
| <input type="checkbox"/> OBH | <input type="checkbox"/> District School | <input type="checkbox"/> Diversion | <input type="checkbox"/> SB94 | <input type="checkbox"/> County Court |
| <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Private School | <input type="checkbox"/> DA | <input type="checkbox"/> County DHS | |
| <input type="checkbox"/> Service Provider | | <input type="checkbox"/> Other | | |

For the Purpose of: _____

Type of Records/Information Requested:

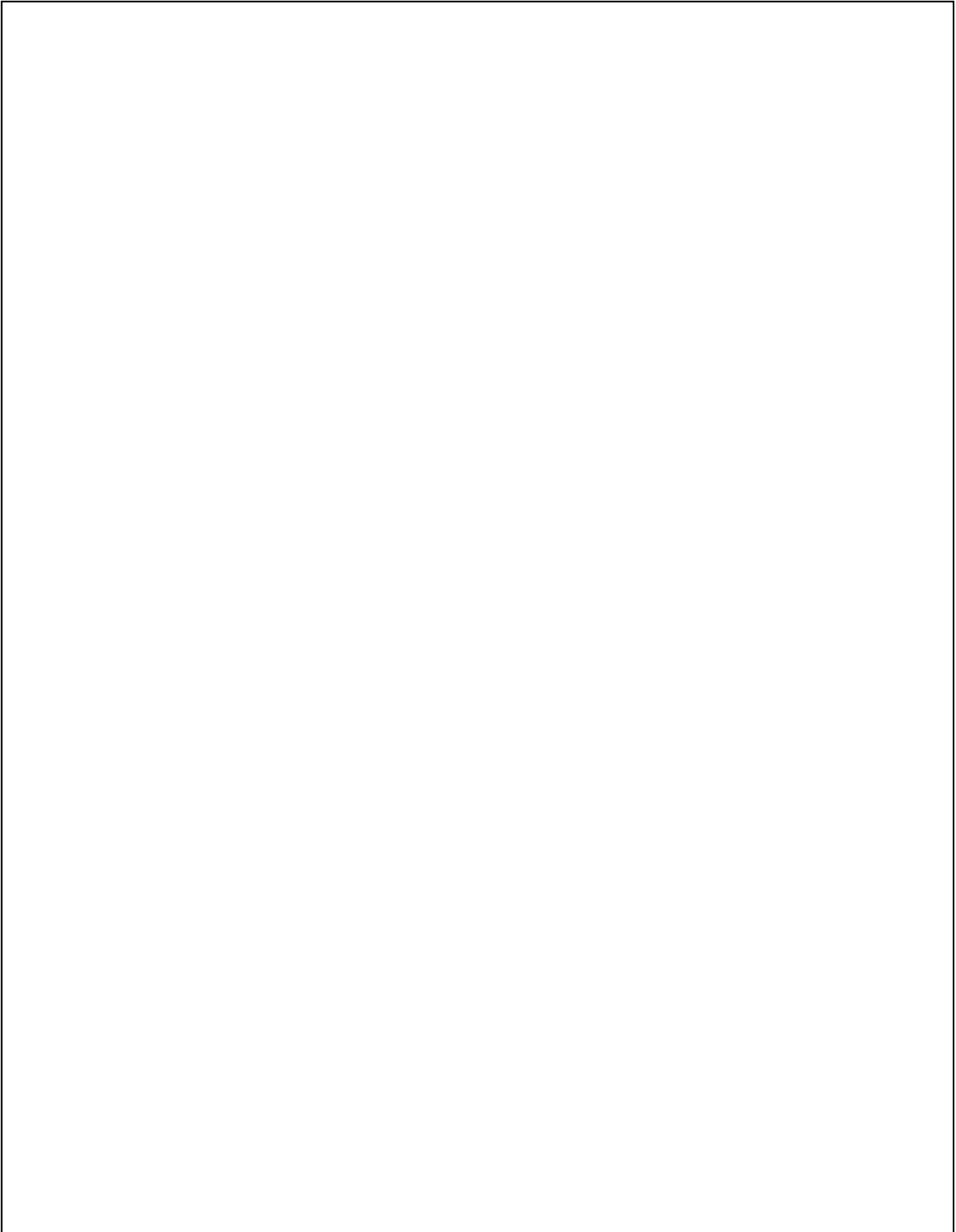
Education <input type="checkbox"/> School Grades <input type="checkbox"/> School Attendance Records <input type="checkbox"/> School Behavior Reports <input type="checkbox"/> IEP's/504	Substance Abuse <input type="checkbox"/> Treatment History <input type="checkbox"/> Treatment Screens <input type="checkbox"/> Evaluations	Medical <input type="checkbox"/> Current Prescription <input type="checkbox"/> Medical History <input type="checkbox"/> Immunizations <input type="checkbox"/> HIV/AIDS	Mental Health <input type="checkbox"/> MH Intake <input type="checkbox"/> MH Screen <input type="checkbox"/> MH Treatment History <input type="checkbox"/> Diagnosis	Court <input type="checkbox"/> Probation History <input type="checkbox"/> Programs <input type="checkbox"/> Pre-Trial Services <input type="checkbox"/> Other Court Records	Other Records <input type="checkbox"/> Human Service Records <input type="checkbox"/> Child Welfare History <input type="checkbox"/> Other:
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Date Range of Youth Records: **From:** _____ **To:** _____

Date Range of Authorization/Consent: **From:** _____ **To:** _____

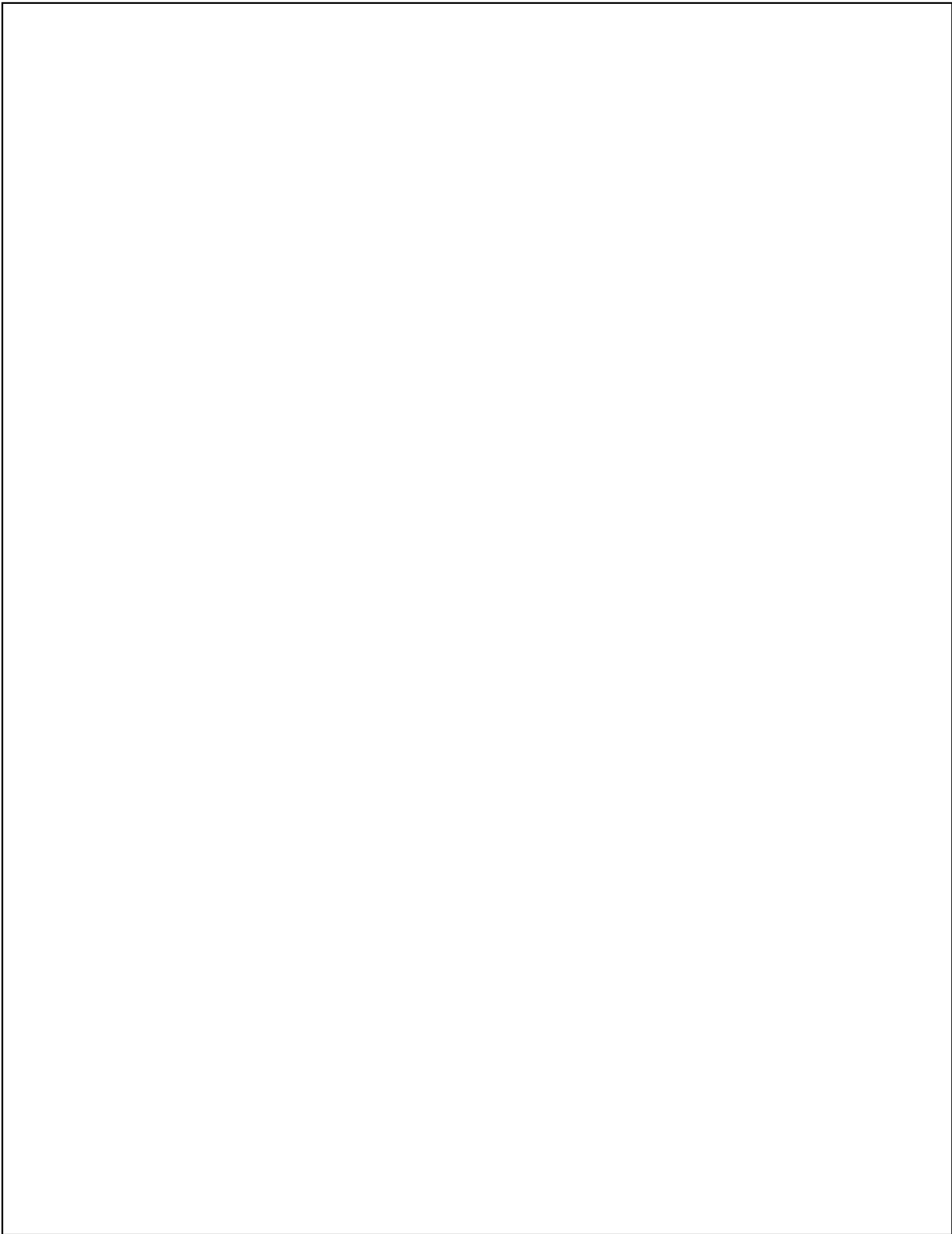
How is this information being released? Fax Email Telephone In Person Other

Signature of person authorizing consent: Type or print name: _____	Date: _____	<input type="checkbox"/> By my signature, I consent to the release of information contained on this form for use by the requesting agency(ies), and I understand that any agency or individual using the confidential information or records obtained will take all necessary steps to protect the confidentiality of the above named youth's identity. I acknowledge that I have been informed of my rights to refuse to sign this form, and any conditions related to my consent or refusal, and that I am entitled to receive a copy of the signed form.
Signature of youth: Type or print name: _____	Date: _____	
		<input type="checkbox"/> Consenter declined release of information. _____ [staff initial] [Copy Provided to Client]



Preparer's
Initials

Consenter's
Initials



Preparer's
Initials

Consenter's
Initials