



**AUTHORIZATION FOR RELEASE OF RECORDS**

Parent's Name: \_\_\_\_\_ Date \_\_\_\_\_

Child's Name and DOB: \_\_\_\_\_

Child's Name and DOB: \_\_\_\_\_

Child's Name and DOB: \_\_\_\_\_

I hereby authorize the release of my Safe Family for Children records, to the following individual and/or agency.

Name of Individual or Agency: \_\_\_\_\_

Individual/Agency Address: \_\_\_\_\_

Individual/Agency Phone Number: \_\_\_\_\_

Describe the records to be released: \_\_\_\_\_

\_\_\_\_\_

*(Please note that Safe Families for Children will not release information received from third parties, requesting individuals and agencies will need to request third party information from the third party directly.)*

I understand that this information obtained will be treated in a confidential manner by the receiving individual/agency prohibits disclosure of personally identifiable information without consent except in limited circumstances.

This authorization is valid from: \_\_\_\_\_ to \_\_\_\_\_ .  
(6 months maximum) *Date Date*

I understand that my consent for the release of records is voluntary, and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date