

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: _____, D.O.B.: _____

I/We _____ hereby give our permission to _____
Name Agency

to release to Family Group Decision Making and a representative of the Office of the Children's Lawyer should a lawyer be appointed for the child(ren) the records listed below.

This consent will remain in effect until _____.

1) REASON INFORMATION IS BEING DISCLOSED:

Referral to Family Group Decision Making;

Ongoing involvement of the Office of the Children's Lawyer should one be appointed in the Family Group Decision Making Process

2) LIST OF RECORDS TO BE DISCLOSED.

To the Family Group Coordinator: *History of CAS involvement, strengths of family members, areas of concern and examples, contact information for family members and service providers*

To a representative of the Office of the Children's Lawyer:

All information including records, assessments, documents and other material about me and my children. I further authorize a representative of the Office of the Children's Lawyer to collect, use and disclose such information in the delivery of professional services on behalf of the child(ren).

Witness

Parent/Guardian's Signature

Date

Witness

Parent/Guardian's Signature

Date