

Department Letterhead

CONSENT FOR RELEASE OF INFORMATION

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

I hereby authorize the (Department Name) to receive/furnish/exchange information regarding the above named minor child and his/her family for the purpose of making appropriate referrals from/to/with:

NAME AND PHONE NUMBER OF REFERRAL AGENCY OR PERSON:

NAME AND PHONE NUMBER OF REFERRAL AGENCY OR PERSON:

CUSTODIAL PARENT SIGNATURE: _____

RELATIONSHIP TO CHILD: _____

WITNESS SIGNATURE: _____

TODAY'S DATE: _____