**RELEASE OF INFORMATION**

I, , parent or guardian of

 , give permission

 (child’s name) (child’s date of birth)

for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name of agency)

to release the following specific information regarding my child:

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 (list information)

to: \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

(agency/person)

for the purpose of : \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

 \_\_\_\_\_

This information will be kept confidential and used for professional purposes in the interest of the individual child. This release is valid from present date to \_\_\_\_\_

unless revoked earlier in writing.

Signed Date

Witness Date

**DF/mdf 1-2011**