(Place your program logo, address, phone and fax, website information here)

## **AUTHORIZATION TO RELEASE INFORMATION**

Regarding:			
(Parent or Guardian)	(Date of Birth)	(Parent or Guardian)	(Date of Birth)
(Minor Child)	(Date of Birth)	(Minor Child)	(Date of Birth)
(Minor Child)	(Date of Birth)	(Minor Child)	(Date of Birth)
(Minor Child)	(Date of Birth)	(Minor Child)	(Date of Birth)
<u> </u>	present or subsequent	ounselors, and any other des facility or agency, or any ther services from:	
	(Name of Pro	ovider/Facility)	
To release to the CASA	Volunteer assigned to r	my case:(Name of V	John toon
and all relevant personal access to information from (Insert name of program)	information regarding om the CASA Voluntee n). This is with the under the thing of the county fame.	m), any and all records, repormyself and any or all of my or assigned to my case and the erstanding that such informatily Court, specifically the Ho	children; and to have eir supervisors of ion will be shared
This release shall termin relieved from its appoint	<u> </u>	late of signing or when the Canever is sooner.	ASA program is
I also understand that the	is consent may be with	RIZATION TO RELEASE drawn by me at any time with tion has been taken in reliance	written contact to
(Signature of Parent/Gu	ardian/Custodian)	(Date)	
(Witness)		( <i>Date</i> )	