



**PO BOX 4865, HELENA MT 59604 PHONE: 406-457-0797 FAX: 406-449-7095**

**AUTHORIZATION TO RELEASE INFORMATION**

Regarding:

_____	_____	_____	_____
<i>(Parent or Guardian)</i>	<i>(Date of Birth)</i>	<i>(Parent or Guardian)</i>	<i>(Date of Birth)</i>
_____	_____	_____	_____
<i>(Minor Child)</i>	<i>(Date of Birth)</i>	<i>(Minor Child)</i>	<i>(Date of Birth)</i>
_____	_____	_____	_____
<i>(Minor Child)</i>	<i>(Date of Birth)</i>	<i>(Minor Child)</i>	<i>(Date of Birth)</i>
_____	_____	_____	_____
<i>(Minor Child)</i>	<i>(Date of Birth)</i>	<i>(Minor Child)</i>	<i>(Date of Birth)</i>

I hereby authorize the administrators, staff, counselors, and any other designated employee or agent of the following present or subsequent facility or agency, or any of my above-named children attend or received care, treatment, or other services from:

\_\_\_\_\_ *(Name of Provider/Facility)*

To release to the CASA Volunteer assigned to my case: \_\_\_\_\_ *(Name of Volunteer)*

and their supervisors of **CASA of L&C and Broadwater Counties**, any and all records, reports, documentation and all relevant personal information regarding myself and any or all of my children; and to have access to information from the CASA Volunteer assigned to my case and their supervisors of **CASA of L&C and Broadwater Counties**. This is with the understanding that such information will/could be shared with the **First Judicial Court**.

This release shall terminate one year from the date of signing or when the CASA program is relieved from its appointment to the case, whichever is sooner.

I have read and understand the above **AUTHORIZATION TO RELEASE INFORMATION**. I also understand that this consent may be withdrawn by me at any time with written contact to the CASA program, except to the extent that action has been taken in reliance upon it.

\_\_\_\_\_ *(Signature of Parent/Guardian/Custodian)*

\_\_\_\_\_ *(Date)*

\_\_\_\_\_ *(Witness)*

\_\_\_\_\_ *(Date)*