

Client Release of Information

I, _____ (PRINT FULL NAME)
do hereby give permission to CASA of East Tennessee, Inc. to obtain any and all information regarding myself and my children (list children on lines below):

from the following locations:

hospitals, mental health centers (list all), _____
counselors (list all), _____
doctors (list all), _____
police departments (list city/county), _____
county and city, state and any other public and private agencies (list all), _____

who have information and knowledge regarding my family and our circumstances. I understand that this release would enable these agencies to release copies of their records to CASA of East Tennessee, Inc. This information will be kept confidential by CASA of East Tennessee, Inc. This release also gives permission to CASA of East Tennessee, Inc. to release and distribute all relevant information about my circumstances and copies of court reports to other parties in the case, as well as mental health professionals involved in the case. This information includes all attachments to the CASA Court Report.

Further, I understand that this release of information will expire twelve (12) months from the date signed unless otherwise notified.

Signature: _____ Date: _____

Date of Birth: _____ SSN – Last Four Digits: _____

Race: _____ Sex: _____ Driver's License Number: _____ State: _____

Address: _____

Phone Number: _____

Email Address: _____

CASA Signature: _____ Date: _____