



CONSENT TO RELEASE INFORMATION

Juvenile Name: _____ Date of Birth: _____

I, _____, the legal custodian/guardian of the minor child listed above, do hereby authorize the following agencies/entities to release any information pertaining to said child to the *Juvenile Court of Jefferson County* and/or any of its authorized representatives:

Agency/Entity Name

Address/Location

Agency/Entity Name

Address/Location

Agency/Entity Name

Address/Location

Agency/Entity Name

Address/Location

Agency/Entity Name

Address/Location

I also understand that communications between the Jefferson County Juvenile Court and the authorized agency may occur via electronic mail and/or facsimile and that such transmissions will contain a confidentiality clause. Furthermore, this release will only remain in effect, until said child is released from court supervision.

Legal Custodian's Signature: _____

Date: _____

Witness' Signature: _____

Date: _____