Bradley County Juvenile Court
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AUTHORIZATION FOR RELEASE OF INFORMATION

JUVENILE'S NAME: ______________________________________ DOB: ____________________

ADDRESS: ____________________________________ SSN:________________________________

I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING SPECIFIC INFORMATION (CHECK ALL ITEMS):

YES	NO	
X	__	1. SCHOOL RECORDS
X	__	2. MEDICAL RECORDS
X	__	3. PSYCHOLOGICAL TEST REPORTS
X	__	4. PSYCHIATRIC EVALUATION REPORTS
X	__	5. PERIODIC REPORTS OF CURRENT MENTAL HEALTH COUNSELING
X	__	. SUMMARY OF PREVIOUS MENTAL HEALTH TREATMENTS
X	__	7. SPECIFY: ____

I UNDERSTAND THAT THIS INFORMATION WILL BE USED FOR THE FOLLOWING SPECIFIC PURPOSES: (CHECK ALL ITEMS):

YES	NO	
X	__	1. TO DETERMINE PRESENT OR FUTURE ELIGIBILITY FOR SERVICES
X	__	2. TO DEVELOP ONGOING TREATMENT, REHABILITATION PLAN, AND FAMILY PRESERVATION.
X	__	3. TO COORDINATE PSYCHIATRIC-MEDICAL, PSYCHOLOGICAL AND SOCIAL REHABILITATIVE PROCESSES.
X	__	4. SPECIFY: ____

I UNDERSTAND NO INFORMATION MAY BE REDISCLOSED BY EITHER AGENCY TO ANY OTHER INDIVIDUAL OR AGENCY UNLESS BY MY WRITTEN CONSENT.

THIS AUTHORIZATION SHALL BE IN EFFECT FOR ONE YEAR FROM THE DATE SIGNED.

THIS CONSENT FOR RELEASE OF INFORMATION IS GIVEN FREELY, VOLUNTARILY AND WITHOUT COERCION.

____ ____
JUVENILE SIGNATURE **JUVENILE STAFF SIGNATURE**

____ ____
PARENT OR GUARDIAN SIGNATURE **DATE**