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| 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):

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from the following locations:

|  |  |
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| 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.

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| Signature: |  | Date: |  |
| Date of Birth:  |  | SSN – Last Four Digits: |  |
| Race: |  | Sex: |  | Driver’s License Number: |  | State: |  |
| Address: |  |
| Phone Number: |  |
| CASA Signature: |  | Date: |  |