

I, _____ (PRINT NAME) do hereby give permission to CASA of East Tennessee, Inc. to obtain any and all information regarding myself from police departments, county, city, state, and any other public or private agencies that have information and knowledge regarding my 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. I understand that this release would enable CASA of East Tennessee, Inc. to distribute all relevant information about my circumstances to members of the CASA Board of Directors.

Further, I understand that this release of information will expire six (6) months from the date signed unless otherwise notified.

Signature: _____ Date: _____

Date of Birth: _____ Sex: _____

Race/Ethnicity: _____

Driver's License Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Should you have any questions regarding this release, contact us at:

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(865) 329-3399
info@casaoeasttn.org