Hall-Dawson Court Appointed Special Advocate Program

Of the Northeastern Judicial Juvenile Court

RELEASE OF INFORMATION

**CONSENT FORM**

# I, (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize CASA Volunteer,

Last first middle

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from the Hall-Dawson CASA Program of the Northeastern Judicial Circuit of Hall County and Dawson Counties, Georgia, to obtain any and all information or records pertaining to the condition of myself and/or family members listed below. Through a court order issued by the judge, CASA will have access and information may be released to this CASA regarding any criminal history record which may be in the files of any state or local criminal justice agency, by any school, child care facility, medical or mental health agency, law enforcement agency, social service or drug and alcohol agency in possession of such information or records. This information will be used for professional purposes only and will be held in confidence. A copy of the court order is available upon request.

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNATURE PARENT/LEGAL GUARDIAN

## **FAMILY MEMBER NAMES DATE OF BIRTH**

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NOTARY DATE

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NOTARY EXPIRATION DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:

WITNESS