

**DIVISION OF YOUTH SERVICES  
CONSENT TO DISCLOSE INFORMATION**

1. I, \_\_\_\_\_, hereby authorize  
\_\_\_\_\_ to release the  
information described below to:

2. \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

3. The specific information to be released is: \_\_\_\_\_  
\_\_\_\_\_

4. The purpose or need for disclosure is: \_\_\_\_\_  
\_\_\_\_\_

I further understand that I may revoke this consent at any time, except to the extent that action has been taken thereon.

5. I further understand that this consent will expire upon \_\_\_\_\_,  
and cannot be renewed without my written consent.

\_\_\_\_\_  
(Signature of Client) Date

\_\_\_\_\_  
(Signature of Parent or Guardian) Date

Note to program/entity receiving this information:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is not sufficient for this purpose.