

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

We/I hereby authorize you to release any suspected child abuse information, protective services information, or any other pertinent information regarding affiliation with your agency to Access Services.

Signature of Primary _____

Signature of Secondary _____

Signature of Adult Household Member _____

Signature of Adult Household Member _____

Witnessed _____

Administrator Use Only
Local Child Protective Agency:

Applicant(s)/Household Members:

See Attached Foster/Host Family Data Form