



## Consent for Release of Confidential Information

IN THE INTEREST OF \_\_\_\_\_  
(Name of Child)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Family File Number)

I, the undersigned: parent ( ); guardian ( ); legal custodian ( ); and the above named child, do hereby consent for the below named agencies to release to:

FULTON COUNTY JUVENILE COURT

(1) \_\_\_\_\_  
(Name of Agency) (Address)

(2) \_\_\_\_\_  
(Name of Agency) (Address)

The following information regarding my child named above:

- Psychological records, including evaluation/treatment reports, summaries, ect.
- Psychiatric records, including evaluation/treatment reports, summaries, ect.
- Medical records, including examination/treatments records, summaries, ect.
- School records, to include but not limited to: academic grades/reports, attendance records, behavioral/discipline records, Student Support Team minutes, behavioral plans, special education records (IEP, Psychoeducational evaluation reports, ect.) standardized test scores, and tribunal records.
- Other (Specify) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
(Please attach a copy of the insurance card if available)

This information is to be released on the condition that it is treated with confidentiality and used only in planning or affecting a program of rehabilitation and treatment for my child through the above named agency.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Signature of Child)

Date: \_\_\_\_\_

Witness: \_\_\_\_\_