

DANE COUNTY JUVENILE COURT PROGRAM

City-County Bldg., Room 200
210 Martin Luther King, Jr. Blvd.
Madison, WI 53703
(608) 266-4983

COUNTY: DANE

CONSENT FOR RELEASE OF INFORMATION

INTAKE/DISPOSITION CASE NO.

IN THE INTEREST OF:	BIRTHDATE:
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CHILD'S STREET ADDRESS (City, State, Zip)	HOME TELEPHONE: ()
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CHILD'S PARENTS/GUARDIAN & ADDRESS

I. INFORMATION TO BE RELEASED

SPECIFY EXTENT AND NATURE OF INFORMATION TO BE DISCLOSED
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II. PURPOSE OR NEED

THE PURPOSE OR NEED FOR SUCH DISCLOSURE

III. SOURCE OF INFORMATION

NAME(S), TITLE(S), AGENCY(S) NAMES & ADDRESS(ES)
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IV. AUTHORIZATION

The child named above, and his/her parent or guardian, hereby give our consent for the release of the above record information and/or contact by the person(s) or agency(s), specified above in Section III, for professional use in planning for the best interests of the above-named child. I further understand that this consent to disclosure may be revoked by us at any time except to the extent that action has been taken in reliance thereon and that this consent expires upon: _____ (specify date, event or condition upon which consent will expire)

CHILD'S SIGNATURE (If age 14 or older)	DATE
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PARENT OR GUARDIAN	DATE
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