

Child Protective Services Interagency Release Form

Child's Name

Date of Birth

Case Number

Parent/Guardian Name

Parent/Guardian Address

Agency/Organization to Release Information TO

Agency/Organization to Release Information FROM

Information to be Released

Purpose of Release

Duration of Consent

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken. Further disclosure of this information by the recipient is not authorized unless permitted by applicable law.

Signature of Parent/Guardian

Date

Signature of Witness

Date