

AUTHORIZATION FOR RELEASE OF INFORMATION OR RECORDS

PERTAINING TO MINOR CHILD NAMED BELOW

TO COURT APPOINTED CHILD AND FAMILY INVESTIGATOR FOR THE MINOR CHILD

Regarding: _____ DOB: _____
(Name of child)

Professional: _____ Phone: _____

I authorize and direct that any and all information and records, reports or files in any form, including, without limitation, any and all medical records, including psychological or psychiatric, or any and all school or education records, or any other information or records maintained as confidential or privileged pertaining to the Minor Child named above be released and provided to Kristen Cheesman, MA, LMFT Court appointed CFI for the Minor Child and that you or any of your staff may discuss with her the child of the contents of those records.

(Name)

(Signature)

(Date)