

**AUTHORIZATION FOR RELEASE OF INFORMATION OR RECORDS**

**PERTAINING TO PARENT**

**TO COURT APPOINTED CHILD AND FAMILY INVESTIGATOR**

Regarding: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Name of parent)

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, counseling, or substance abuse records; driving license records; criminal justice records; arrest records or histories; or child abuse investigations; or any and all other information or records maintained as confidential or privileged be released and provided to the CFI for the Minor Child appointed in legal proceedings in which I am a party, Kristen Cheesman, MA, LMFT and that you or any of your staff may discuss with her my treatment, actions, statements, and the contents of any records. The information obtained will be used for the purposes of her investigation and report to the Court as a special advocate, and will be maintained as confidential as set out in the order for her appointment.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)