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**Authorization To Release/Share Information**

**Youth’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent, Guardian or Custodian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In order, to provide effective services to the youth named above the sharing of case information between agencies is essential.

|  |  |  |
| --- | --- | --- |
| **[ ]  Burke County** | **[ ]  Caldwell County** | **[ ]  Catawba County** |
| **[x]  Conflict Resolution Center** | **[x]  Conflict Resolution Center** | **[x]  Conflict Resolution Center** |
| [x]  Dept. Of Juvenile Justice | [x]  Dept. Of Juvenile Justice | [x]  Dept. Of Juvenile Justice |
| [ ]  SRO | [ ]  SRO | [ ]  SRO |
| [ ]  School AdministrationSchool Name: | [ ]  School AdministrationSchool Name: | [ ]  School AdministrationSchool Name: |
| [ ]  Repay/Community Service | [ ]  Repay/Community Service | [ ]  Repay/Community Service |
| [ ]  NextGen | [ ]  NextGen | [ ]  NextGen |
| [ ]  Dept of Social Services | [ ]  Dept of Social Services | [ ]  Dept of Social Services |
|  |  | [ ]  Aspire-Vocation Directions |
| [ ]  Burke Recovery |  | [ ]  Cognitive Connections |
| Other:  | Other:  | Other:  |

[x]  I authorize the Conflict Resolution Center and the parties indicated above to communicate with and disclose to one another the following information relating to the juvenile named above:

[x]  Contact Information

[x]  Updates to Referral Source

[x]  Release of records regarding Alcohol, Drug, or Mental Health Treatment

[x]  Release of school attendance and grades

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

 Parent/Guardian/Custodian