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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** |
| **Conflict Resolution Center** | **Conflict Resolution Center** | **Conflict Resolution Center** |
| Dept. Of Juvenile Justice | Dept. Of Juvenile Justice | Dept. Of Juvenile Justice |
| SRO | SRO | SRO |
| School Administration  School Name: | School Administration  School Name: | School Administration  School 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: |

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:

Contact Information

Updates to Referral Source

Release of records regarding Alcohol, Drug, or Mental Health Treatment

Release of school attendance and grades

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Date

Parent/Guardian/Custodian