

AUTHORIZATION TO RELEASE INFORMATION

My child (ren) is participating in the Angel's Harbor Supervised Visitation program and I hereby authorize Angel's Harbor Supervised Visitation, Inc. to make inquiries about my child (ren) from therapist, counselors, teachers, school, etc.

I hereby authorize the party receiving this form to disclose any information they may have relating to my child that may be requested by Angel's Harbor Supervised Visitation. Information received will become a permanent part of my child (ren) file at AHSV and be treated as confidential by Angel's Harbor Supervised Visitation.

I waive my right to view this information and I release the party receiving this form from liability for providing this information.

Date: _____

Printed Name: _____

Signature: _____

Staff initials: _____