



**AUTHORIZATION FOR RELEASE OF INFORMATION TO
CHILD AND FAMILY INVESTIGATOR**

I, _____, am the custodian/parent of _____

and authorize the release of the following records and information to the court ordered Child and Family Investigator, Kedisha Dixon of Purpose, PLLC:

1. All medical information, including medical, psychological and psychiatric histories, treatments, tests and related matter pertaining to myself and the above-named children.
2. All educational records and information relating to myself and the above-named children.
3. All criminal history records and information, including but not limited to arrest records, police reports, probation records, and juvenile delinquency records.
4. All records and information from any State or County Department of Human Services or other public or private Social Services agency, including but not limited to information from the TRAILS database, concerning myself and the above-named children.
5. Any other records or information concerning myself and the above-named children.

This authority is valid for one year from the date below unless earlier revoked by me. A photocopy of this release shall have the same force and effect as the original. The Child and Family Investigator will provide you with a copy of the Order of Appointment upon request.

Date: _____

Parent/Guardian

Address

City State Zip

Telephone Number



List of individuals CFI will contact under this authorization. Please add name, phone number and email address.

1. _____

2. _____

3. _____

4. _____

5. _____