

**RELEASE OF INFORMATION**

To: \_\_\_\_\_  
**Name of agency**

Subject: Authorization for release of information in the interest of \_\_\_\_\_,  
**Juvenile**

Juvenile's SSN: \_\_\_\_\_ Juvenile's DOB: \_\_\_\_\_

I, the undersigned, do hereby authorize the above named person, firm, physician, clinic, hospital, agency, or school district, to furnish the Robert L. Perry Juvenile Justice Center full and accurate social, psychiatric, medical and school information regarding \_\_\_\_\_ and any family information that might be helpful to the court in the disposition of the case. I further authorize the Robert L. Perry Juvenile Justice Center to release information regarding \_\_\_\_\_ to prospective placements and other agencies that may provide services to the youth.

I hereby release any firm, physician, clinic, hospital, agency, or school district from any liability for information furnished pursuant to this authorization.

A copy of this authorization shall be considered the same as the original.

**Signed** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

**Witnesses** \_\_\_\_\_

\_\_\_\_\_

Robert L. Perry Juvenile Justice Center  
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