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
5665 N. Roger I. Wilson Memorial Drive
Columbia, MO 65202
PHONE: (573) 886-4450
FAX: (573)886-4461