

# Youth For Tomorrow

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

**Child/Referral Full Name** \_\_\_\_\_

Last                                      First                                      Middle                                      Suffix (Jr. II, etc)

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Age                                      Date of Birth                                      Social Security Number

**The child/referral listed above is/will be a resident of the *Youth For Tomorrow New Life Center*, located at: 11835 Hazel Circle Drive in Bristow, Virginia.**

*I hereby, give Youth For Tomorrow my permission to obtain the requested information from each of the below listed component organizations that maintain records on this child/referral. I have been informed of the type of information that will be required in the course of providing care, the benefits and/or disadvantages of releasing this information, and that substance abuse information may be contained in the requested reports. I authorize both written and verbal exchange of information.*

***Please mark ("X") all that apply***

<u><b>Educational Information</b></u>	<u><b>Medical Information</b></u>	<u><b>Counseling Information</b></u>
_____ Current Grade Cards	_____ Medical History	_____ Psychiatric Evaluations
_____ Transcripts	_____ Discharge Summaries	_____ Psychiatric History
_____ Educational Evaluations	_____ Other:	_____ Progress Notes
_____ Current IEP		_____ Psychological Testing
_____ Other:		_____ Discharge Summaries

*I understand that the provision of services is not contingent on the release of this information. I voluntarily consent to the release of the requested information.*

\_\_\_\_\_

**Print Name of Parent/Legal Guardian**

\_\_\_\_\_

**Parent/Legal Guardian Signature**

\_\_\_\_\_

**Date**