



RELEASE OF INFORMATION

Cause # _____ Mother's Name _____

Case Name _____ Father's Name _____

Child(ren): _____

I hereby give my permission for Children's Advocacy Center of Greater West Texas, Inc. - CASA Program, through their designated representative, to obtain records from (with the exception of _____) and/or speak with the following persons or agencies:

- Substance Abuse Assessment Provider _____
- Parenting Assessment/Class Provider _____
- Therapy Provider _____
- Adult Probation _____
- Any other service provider which is required to complete the plan of service

Parent's Signature

Date

Parent's Signature

Date

CASA Representative's Signature

Date

***If you have been appointed an attorney or retained an attorney, now or in the future, please discuss this release of information with your attorney.**