

**Douglas County Juvenile Assessment Center**

**This release of information allows the Juvenile Assessment Center to make a referral for your child to an appropriate community Service Provider. This release also allows for the Service Provider to share information concerning your son/daughter's progress.**

**Permission for Release of Records and/or Information from Records**

**Juvenile's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Release to the Service Provider:**

**Records to be released: (Check all appropriate choices)**

_____ <b>Case Records</b>	_____ <b>DPS Scores</b>
_____ <b>Current Police Report</b>	_____ <b>YLS/CMI Scores</b>
_____ <b>Other (Specify)</b>	_____ <b>School/Education Records</b>
_____	_____ <b>Information regarding registration</b>
_____	

**The record(s) indicated above is/are to be released to any and all Service Providers, whose service(s) may be responsible for providing treatment to your son/daughter as part of a diversionary plan; probation; and the juvenile's current school or any requesting school that may accept the juvenile as a student.**

**I understand and acknowledge that:**

- 1. This release is to be in effect while your son/daughter's case remains at the Juvenile Assessment Center.**
- 2. I may revoke this authorization at any time by giving written notice to Juvenile Assessment Center Director. My revocation will not be effective to the extent action has already been taken in reliance on my authorization.**
- 3. I have read (or had read to me) a copy of this document. I can obtain a copy upon request.**

**I knowingly, intelligently, and voluntarily grant permission for the release of the above record(s).**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

\_\_\_\_\_  
**Signature of Juvenile**

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

**Except as provided herein, personally identifiable information may NOT be transferred to a third party without first obtaining the consent of the above parent or juvenile.**

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**RELEASE TO THE DOUGLAS COUNTY JUVENILE ASSESSMENT CENTER**

**I knowingly, intelligently, and voluntarily agree that any service provider may release to the Douglas County Juvenile Assessment Center information regarding registration and participation in their programming and any medical, mental health evaluations and/or treatment plans; substance abuse evaluations and treatment plans; or other relevant information made during and for purposes of participation in their programming by referral from the Douglas County Juvenile Assessment Center.**

**I understand and acknowledge that:**

- 1. This release is to be in effect while your son/daughter's case remains on Diversion.**
- 2. I may revoke this authorization at any time by giving written notice to Juvenile Assessment Center Director. My revocation will not be effective to the extent action has already been taken in reliance on my authorization.**
- 3. I have read (or had read to me) a copy of this document. I can obtain a copy upon request.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

\_\_\_\_\_  
**Signature of Juvenile**

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

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**RELEASE TO THE DOUGLAS COUNTY ATTORNEY'S OFFICE**

**I knowingly, intelligently, and voluntarily consent and authorize the Douglas County Juvenile Assessment Center to provide the medical, mental health, substance abuse, or other relevant information received by the Douglas County Juvenile Assessment Center to the Douglas County Attorney's Office for the purpose of monitoring the progress of the juvenile at the Douglas County Juvenile Assessment Center, making filing decisions and for dispositional purposes.**

**I understand and acknowledge that:**

- 1. This release is to be in effect for one year after the date of this release.**
- 2. I may revoke this authorization at any time by giving written notice to Juvenile Assessment Center Director. My revocation will not be effective to the extent action has already been taken in reliance on my authorization.**
- 3. I have read (or had read to me) a copy of this document. I can obtain a copy upon request.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

\_\_\_\_\_  
**Signature of Juvenile**

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