



LINN COUNTY JUVENILE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

To our clients: To best serve the interests of you and your family, it is sometimes necessary for the Juvenile Department and other agencies to share information. By signing this form, you are giving permission for these organizations and the Linn County Juvenile Department to exchange this necessary information. I understand that any and all of this information may be shared with the Court and attorneys who are a party in my case and the information will be recorded in an applicable database.

I authorize the following agencies/individuals,

- | | |
|--|--|
| <input type="checkbox"/> Community Services Consortium | <input type="checkbox"/> Local Schools |
| <input type="checkbox"/> Department of Human Services | <input type="checkbox"/> Oregon Youth Authority |
| <input type="checkbox"/> Education Service District | <input type="checkbox"/> Private Counseling Providers |
| <input type="checkbox"/> Linn County Alcohol and Drug | <input type="checkbox"/> Residential Treatment Providers |
| <input type="checkbox"/> Linn County Health Department | <input type="checkbox"/> School Districts |
| <input type="checkbox"/> Linn County Mental Health | <input type="checkbox"/> Other: _____ |

to provide and exchange information with the Linn County Juvenile Department, P.O. Box 100 Albany, Oregon 97321, including records pertaining to:

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol and Drug | <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Education | <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Health |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Employment | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Family History | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Law Enforcement/Violation info | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____ | |

Purpose: This information exchanged will be used to evaluate my situation, to plan for and to coordinate services for me and/or my family, or for other purposes as specified.

This permission is good for one year or until: _____

I approve the release of this information. I understand that information about my case may be confidential and protected by state and federal law. I understand the purpose of this agreement and I am signing of my own free will without pressure from anyone. I can cancel this at any time with the understanding that information previously released will not be affected by the cancellation.

Youth (Print Name)	Youth signature	Date
Parent/Guardian (Print Name)	Parent signature	Date
Probation Officer (Print Name)	Probation Officer signature	Date

To those receiving this information: State and federal law protect this information disclosed to you. You are not authorized to release this information to any agency or person not listed on this form. You must have specific written consent of the person to whom it pertains unless authorized by other laws.

This is a true copy of the original authorization document. _____
(Agency staff personnel) (Date)