

CONSENT FOR RELEASE OF INFORMATION TO FAMILY COURT SERVICES

I, the undersigned, hereby give my permission for _____

to release any records concerning me, _____, or my children,

and to consult with a caseworker from Family Court Services, concerning the court ordered investigation in Cause Number _____. I understand this request for records and consultation includes my consent for release of information that could otherwise be considered confidential, and includes but is not limited to medical records, mental health and counseling records, psychiatric illnesses, criminal records, child abuse investigations, school records, alcohol or chemical abuse and dependency (including illegal drug use), STD's, HIV testing, AIDS, and any testing on me or my children.

I declare that I have the authority to grant permission for the release of the information described. Information may be released in the form of copies of the original records, by verbal consultation in person or by telephone or by facsimile or in properly-encrypted electronic form. The information may be subject to re-disclosure. The information may be released to:

_____, Caseworker
FAMILY COURT SERVICES
200 E. Weatherford
Family Law Center, 2nd Floor
Fort Worth, TX 76196-0258

This consent is subject to revocation or withdrawal at any time by written notice to the records provider and will expire one year from the date of the signature, below. Withdrawal of consent does not affect information disclosed prior to the receipt of the written notice of the withdrawal at this office.

A PHOTOCOPY OF THIS CONSENT IS AS VALID AS THE ORIGINAL.

SIGNATURE _____ DATE _____

PRINTED NAME _____