

**Court Appointed Special Advocates of Rochester/Monroe County, Inc.****Natalie Copeland – Program Director**

Family Court of the State of NY • Hall of Justice, 99 Exchange Blvd. • Room 272 • Rochester, NY 14614-2115
Phone: 585-371-3981 • Fax: 585-280-5292 • Email: casa@casarochester.org • Web: www.casarochester.org

DHS Release of Information

I, _____, hereby consent to the release of information by Monroe County Department of Human Services to CASA of Rochester/Monroe County.

The information to be released includes:

- Social History
- Education information protected by FERPA – school records, grades, attendance, evaluations, class placement, parent-teacher conferences, CSE/CPSE information
- Visitation information
- Names of Service Providers
- Placement Contact Information
- Invitations to Service Plan Reviews (SPRs)
- Other: _____

From the records pertaining to: (List Parent(s) or Child(ren)'s Names)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

This document authorizes the above individual or agency to discuss this information with CASA of Rochester/Monroe County.

I understand that

- 1) I have the right not to consent to the release of my information;
- 2) this consent shall remain in effect until revoked by me, in writing and delivered to the releasor of the information, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation; and
- 3) this consent shall expire at the conclusion of the Family Court order.

Signature of Parent or Legal Guardian

Date

Signature of Witness

Date