

Teen Challenge of Utah
New Hope House
P.O. Box 1099, Tooele, UT 84074

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Child's Name

Date of Birth

Social Security #

I understand that my records are protected under the Federal and State Confidentiality Regulations and cannot be released without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time unless action has already been taken based upon it, and, that in any event, this consent expires automatically as described below.

This consent expires: UPON TRANSMITTAL OF INFORMATION

I further acknowledge that the information to be released as fully explained to me and this consent is given of my own free will.

Executed this _____ day of _____ 20 _____

Signature of Child

Signature of Parent

Witness

Date

Commission Expires

FOR OFFICE USE ONLY

I authorize: _____
Name and address of person or agency releasing information.

to release to: _____

the following information: _____

for the following purpose(s): Evaluation/Possible Placement.