



**RELEASE OF INFORMATION**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

This is to authorize the release of  any information requested  the following specified information:

\_\_\_\_\_  
\_\_\_\_\_ concerning

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Adult and/or Child's Name) (Date of Birth) (Social Security Number)

**OR**

the above named adult and/or child and his/her family,

I understand that this information is confidential and I hereby waive the confidentiality thereof as to the agencies named above only.

I hereby state that I have the authority and/or legal power to authorize the release of this information as parent or legal guardian of the child.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Custodian)

\_\_\_\_\_  
Printed Name of Parent or Legal Custodian

State of Kentucky  
County of \_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

My Commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public