



**CASA/GAL of Miami County, Inc.**

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## Release of Information

Name (Last, First, Middle): \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ CASA Name: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> _____ Miami County Children’s Services Board | <input type="checkbox"/> _____ Family Abuse Shelter (Franklin House) |
| <input type="checkbox"/> _____ Miami County Mental Health Center      | <input type="checkbox"/> _____ Help Me Grow                          |
| <input type="checkbox"/> _____ Miami County Adult Probation           | <input type="checkbox"/> _____ Riverside/RTI                         |
| <input type="checkbox"/> _____ Miami County Job and Family Services   | <input type="checkbox"/> _____ Family Stability                      |
| <input type="checkbox"/> _____ Miami County Recovery Council          | <input type="checkbox"/> _____ Other _____                           |
| <input type="checkbox"/> _____ Family Connections                     | <input type="checkbox"/> _____ Other _____                           |

I, \_\_\_\_\_, hereby authorize the agencies identified above by my  
(Full Name)  
 initials, to release and provide any and all information to Ohio Court Appointed Special Advocates (Ohio  
 CASA) and \_\_\_\_\_, including, but not limited to the following: admission  
(Name of your CASA)  
 records, physical examinations and histories, emergency room records, discharge summaries, drug and  
 alcohol treatment records, therapy/counseling records, psychological evaluations, type of services received,  
 case management and any other records pertaining to myself.

I understand that this consent may be revoked by me, at anytime, by my stating so in writing. I also understand that if I revoke this consent, the revocation will not apply to any information that had been shared prior to the revocation, or for any action already taken place in reliance on it. If this consent is not previously revoked, this consent will terminate on:

\_\_\_\_\_  
 Date (or Event or Condition upon which consent will terminate)

I have read and understand the “Release of Information” and agree to the terms and conditions established therein:

Signature	Authority for Signing (Self, Personal Representative, etc.)	Date
Witness	Date	