

**LASSEN SUPERIOR COURT, HALL OF JUSTICE, FAMILY COURT SERVICES**

2610 Riverside Drive, CA 96130~530-251-8205

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Case Name:** \_\_\_\_\_ **Case No.** \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize Lassen Superior Court, Family Court Services to obtain all information about me and/or my minor children, to be used in Child Custody Recommending Counseling/Mediation and/or investigation/evaluation. This Authorization for Release of Information may be presented to any agency or person Family Court Services so chooses, including, but not limited to: County Welfare Departments, Children's Protective Services, Probation Departments, County Crisis Centers, County Mental Health Departments, Law Enforcement Agencies, Psychiatrists, Psychologists, Counselors, Educational Institutions or Teachers, Dentists, Medical Personnel, and friends and relatives. This form also authorizes release of any drug/alcohol test results.

This Release hereby authorizes Lassen Superior Court, Family Court Services, its officers and agents, to exchange any and all information on myself and my minor children in order to allow Family Court Services to reasonably recommend on the issues currently before Lassen Superior Court and/or to make referrals to outside agencies based on a signed child custody order.

Additionally, this information may be made reference to or attached to any investigative report or recommendation to the Court to clarify the issues. Therefore, said information may be released to the parties in this action and their attorneys.

I hereby acknowledge that the Lassen County Superior Court, Family Court Services and its officers and agents cannot prevent the parties and their attorneys from disclosing the information referred, attached, or contained in said investigative report to persons not authorized to receive said information. I hereby release Lassen County Superior Court, Family Court Services, its officers and agents, from any liability therefore.

I hereby acknowledge that I have been informed that I have a right to a copy of this Authorization and that such authorization shall be effective for a period of one year commencing upon the date of signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(A photocopy or duplicate of this release shall for all intents and purposes be deemed an original.)