

COURT APPOINTED SPECIAL ADVOCATE, INC. (CASA)

601 Woodland Street
Nashville, TN 37206
(615) 425-2383 FAX (615) 242-9873
casa@casanashville.org

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: Name: _____

SSN: _____

Date of Birth: _____

Address: _____

I hereby authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information designated below without restriction or qualification to CASA and its authorized agents. I voluntarily waive all recourse and release the above sources including CASA from liability for complying with this authorization.

I hereby authorize the release of the following information about myself or my child:

Yes	No	
_____	_____	1. Employment information
_____	_____	2. Education information
_____	_____	3. Criminal background
_____	_____	4. Social history data
_____	_____	5. Other (Please Specify)

A copy of this document shall be deemed effective for all purposes. This authorization may be revoked at any time by written notice to CASA at the above address. This consent for release of information is given freely, voluntarily, and without coercion.

Signature

CASA

Relationship to Child/Children

Date