Louisiana Department of Children and Family Services
Consent to Release Information (Other than Protected Health Information)
Waiver of Confidentiality Form

All information that has been gathered on an individual is personal and private, and you are not required to release this information. Such information cannot be released without authorized written permission, except as required by law.

1. Client Name:	Date of Birth:
Mailing Address:	
City/State/Zip Code:	

I give my permission for:

2. Name:	
Mailing Address:	
City/State/Zip Code:	Telephone Number: ( )

To release information to:

3. Name:	
Mailing Address:	
City/State/Zip Code:	Telephone Number: ( )

4. The following specific information:

5. The above-listed information is to be released for the specific purpose of:

6. I understand that my permission to release this information may be cancelled at any time except when the information has already been released. My permission to release this information will expire on _____, or within 60 days of the date consent is granted as indicated by the client's signature and date below.

_____ _____
Signature of Client Date

_____ _____
Signature of Witness Date

7. The undersigned certifies that he/she is the parent/guardian/representative of the person listed above in Item 1, and has the legal authorization to sign on behalf of the person, whether by court order or operation of law.

_____ _____
Signature of Parent, Guardian, or Custodial Agency Date

_____ _____
Signature of Witness Date