

**NORTH CAROLINA CENTRAL UNIVERSITY SCHOOL OF LAW
JUVENILE LAW CLINIC**

AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF INFORMATION

I, _____, hereby request and authorize

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

4. _____ Date: _____

5. _____ Date: _____

6. _____ Date: _____

and its appropriate representatives and keepers of the records to release any and all past, present, and future records, reports or other information you have on file concerning

_____ without limitation, to the North Carolina Central University School of Law Juvenile Law Clinic 1512 South Alston Avenue Durham, North Carolina 27707 (919) 530-7166; Fax (919) 530-7982. The extent and nature of this information to be disclosed shall include the following:

- | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Summary of Evaluation and Treatment | <input type="checkbox"/> | Medication History |
| <input type="checkbox"/> | Intake Information | <input type="checkbox"/> | Psychological Evaluation |
| <input type="checkbox"/> | Progress Notes | <input type="checkbox"/> | School Attendance Record |
| <input type="checkbox"/> | Discharge Summary | <input type="checkbox"/> | School Conduct Record |
| <input type="checkbox"/> | Psychiatric Evaluation and History | <input type="checkbox"/> | Educational Information |
| <input type="checkbox"/> | Treatment Plan and Diagnosis | <input type="checkbox"/> | Other _____ |

I understand that I am not required to give my consent, however, I also realize that without my consent the services that could be offered to me may be limited. I understand that I may revoke this consent upon request at any time except to the extent that the information has already been released. Otherwise, this consent shall continue to be valid for as long as is reasonably necessary to carry out the services, or it will automatically expire 24 months after the date on which it is signed.

I understand that this release also allows the North Carolina Central University School of Law Juvenile Law Clinic to follow-up with Juvenile Court my child's juvenile court involvement for a period of up to one year after completion of our services.

Parent/Guardian

Date

Witness

Date

A photocopy of this authorization shall be considered as effective as the original.

