

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize _____ To release to the Department of Children and Families
 The information requested below regarding my minor child as required by the Department policies for Probate Court Custodian / Guardian
 applicants and their child.

Name of Child:

Signature of Applicant

Date:

Address: (No. and Street)

City

State

Zip

Does the above listed child have good attendance?: Yes No If "No," please describe:

Is the child involved in regular or special education?: Regular Special If "Special Education," please describe:

Does the child present with behavioral issues?: Yes No If "Yes," please describe:

Please describe the child's social interactions:

Do/Does the child's parent(s) participate in child's education, programs, events, etc.?: Yes No If "No," please comment:

Do you have any concerns regarding abuse and neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain:		
Do/Does the child's parent(s) participate in child's education, programs, events, etc.?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please comment:		
Do you have any concerns with this/these parent(s) being appointed a custodian or guardian of a child? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain:		
Additional Comments:		
Name of Teacher / Administrator/Social Worker:	Signature:	
Address:	Telephone:	Date:

NOTE: This report should be mailed by the school, teacher or social worker directly to the Department of Children and Families Office listed below:

ATTENTION: (Name of DCF Social Worker or Administrator):	
DCF Office and Address:	Date: