

**AUTHORIZATION TO COMMUNICATE AND OBTAIN
INFORMATION AND RECORDS FROM DCF**

To whom it may concern:

I, _____, authorize the Department of Children & Families to communicate and provide any and all information in your possession relative to me including, but not limited to reports, evaluations, records, progress notes, or any other records or information which may be requested to **GAL/AMC**.

I am willing that a dated and signed photocopy of this authorization will have the same force and effect as the original. Be advised that this authorization is limited neither in time nor subject area.

Finally, this authorization acts as revocation of any and all authorizations which I may have signed prior to the effective date hereof, and as a result, any other authorizations in your possession is hereby revoked and canceled.

Name: _____

Address: _____

Date of Birth: _____

Signed: _____

Date: _____