

AUTHORIZATION FORM

Date

Re: CHILD'S NAME  
CHILD'S D/O/B

I hereby request and authorize you to furnish, whenever requested to do so by Attorney \_\_\_\_\_, of \_\_\_\_\_, Connecticut, any and all information regarding myself, including psychological, psychiatric, drug/alcohol, and medical, and reports and records of social agencies, including the Department of Children and Families and the Family Relations Division of the Superior Court. I further authorize all officials to provide said information to her. A photocopy of this document shall have the same force and effect as the original.

\_\_\_\_\_  
Parent's Signature