

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.			
Signature of Applicant:			Date:
Address: (No. and Street):	City:	State:	Zip:

INFORMATION ABOUT THE CHILD		
LAST Name of Child:	FIRST Name of Child:	Child's DOB:
Does the above listed child have good attendance?: <input type="checkbox"/> Yes <input type="checkbox"/> No    If "No," please describe:		
Is the child involved in regular or special education?: <input type="checkbox"/> Regular <input type="checkbox"/> Special    If "Special Education," please describe:		
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 regarding abuse and neglect?  Yes  No If "Yes," please explain:

Do you have any concerns with this/these parent(s) being licensed as a foster or adoptive family?  Yes  No If "Yes," please explain:

Additional Comments:

Name of Teacher / Administrator/Social Worker:	Signature:	E-mail address:
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Address:	Telephone:	Date:
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**NOTE: This report should be submitted 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:
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